The Bancroft Library

University of California • Berkeley

Regional Oral History Office
The Bancroft Library

University of California
Berkeley, California

Clair Lisker

A VOICE FOR NURSING EDUCATION, KAISER PERMANENTE, 1948 TO 1991

Interviews conducted by
Judith Dunning
in 2002

Copyright © 2004 by The Regents of the University of California

Since 1954 the Regional Oral History Office has been interviewing leading participants in or well-placed witnesses to major events in the development of Northern California, the West, and the nation. Oral History is a method of collecting historical information through tape-recorded interviews between a narrator with firsthand knowledge of historically significant events and a well-informed interviewer, with the goal of preserving substantive additions to the historical record. The tape recording is transcribed, lightly edited for continuity and clarity, and reviewed by the interviewee. The corrected manuscript is indexed, bound with photographs and illustrative materials, and placed in The Bancroft Library at the University of California, Berkeley, and in other research collections for scholarly use. Because it is primary material, oral history is not intended to present the final, verified, or complete narrative of events. It is a spoken account, offered by the interviewee in response to questioning, and as such it is reflective, partisan, deeply involved, and irreplaceable.

****

All uses of this manuscript are covered by a legal agreement between The Regents of the University of California and Clair Lisker, dated January 16, 2002. The manuscript is thereby made available for research purposes. All literary rights in the manuscript, including the right to publish, are reserved to The Bancroft Library of the University of California, Berkeley. No part of the manuscript may be quoted for publication without the written permission of the Director of The Bancroft Library of the University of California, Berkeley.

Requests for permission to quote for publication should be addressed to the Regional Oral History Office, The Bancroft Library, Mail Code 6000, University of California, Berkeley, 94720-6000, and should include identification of the specific passages to be quoted, anticipated use of the passages, and identification of the user.

It is recommended that this oral history be cited as follows:

Clair Lisker, "A Voice for Nursing Education, Kaiser Permanente, 1948 to 1991," conducted by Judith Dunning in 2002, Regional Oral History Office, The Bancroft Library, University of California, Berkeley, 2004.

Copy No. _____

Clair Lisker (then Clair O'Sullivan), 1951

TABLE OF CONTENTS--Clair Lisker, RN

PREFACE i

INTRODUCTION vii

INTERVIEW HISTORY by Steve Gilford ix

BIOGRAPHICAL INFORMATION xi

Interview 1: January 16, 2002 1

EARLY YEARS IN IRELAND

Family background; Irish childhood; education in convent school; nursing training in London during World War II; leaving Ireland for the United States, 1947.

Interview 2: January 31, 2002 27

LATE 1940S TO EARLY 1950S

Relocation to San Francisco; student at Kaiser Permanente Nursing School, 1948 to 1951; class work at Vallejo Community College; clinical practice; student nurses staffing hospitals; dormitory at old Piedmont Hotel; Dorothea Daniels, Director of Nursing and Kaiser's first female administrator; outbreak of hepatitis among students; patient health issues; injured mineworkers sent to Kaiser facilities in Oakland and Vallejo for physical therapy; patient health education; accusations of socialized medicine.

Interview 3: February 13, 2002 53

EARLY TO MID-1950S

Origin of the School of Nursing; six-week rotations in central supply, dietary department, outpatient, home health visits; 1951 graduation; staff nurse on medical surgery unit; hands-on approach to patient care; Kaiser's emphasis on illness prevention; changes in patient population; McCarthy era; professional organizations for nurses; continuing education at Holy Names College and San Francisco State University; marriage in 1953.

Interview 4: February 28, 2002 79

MID TO LATE 1950S

Change from Permanente School of Nursing to Kaiser Foundation School of Nursing; Marguerite MacLean, new director; focus on students' educational needs; impact of the Tahoe conference; problem of transferring credits; Kaiser, first nursing school in state to grant A.A. and R.N. diploma; Clair Lisker joins nursing school faculty; Josephine Coppedge replaces Marguerite MacLean; rules of manners, hair styles and dress for Kaiser nurses; curriculum changes; student population; medical issues of the 1950s.

Interview 5: March 14, 2002 109

1960S ERA

Impact of the civil rights movement on nursing education; outreach to middle schools and high schools; mentoring and internship programs; changes in student population; Clifford Keene, Vice President and General Manager of Kaiser; social goals in the community; Medicare; opening of coronary care units and critical care units; impact of Ronald Reagan's mental health policies; Berkeley in the sixties; Vietnam War protests.

Interview 6: April 17, 2002 133

LATE 1960S AND 1970S

Beginning of the Nurse Practitioner Program; role of Dr. Steve Taller; Lavern Oyarzo, one of the first nurse practitioners; impact of NPs in outpatient clinics; efforts to establish a four-year degree granting program; closure of nursing school, 1976; Clair Lisker accepts position as assistant director of nursing Kaiser Oakland; labor relations; staff shortages; problems using temporary registry nurses; advances in technology for diagnostic testing; use of computers.

Interview 7: May 1, 2002 159

1980S ERA

School of nursing alumni association; continuing nurse shortage; reduction of nursing registry travelers; older patient population in Oakland; younger members move to suburbs; collegial relationship between nurses and doctors; problems with emergency department; turnover of nursing staff; development of mental health programs.

Interview 8: May 17, 2002 179

FINAL YEARS AS NURSING ADMINISTRATOR, LATE 1980S TO EARLY 1990S

Inservice education for nurses; mentoring program for new graduates; keeping staff and filling vacancies; providing quality care for patients; computer uses in hospital; retirement as nurse administrator; rehire as consultant in nursing education; long distance learning; dream of four-year nursing program at Kaiser Permanente.

INDEX 199

TAPE GUIDE

Interview 1: January 16, 2002
Tape 1, Side A 1
Tape 1, Side B 12
Tape 2, Side A 21
Tape 2, Side B not recorded

Interview 2: January 31, 2002
Tape 3, Side A 27
Tape 3, Side B not recorded
Tape 4, Side A 35

Tape 4, Side B 44

Interview 3: February 13, 2002
Tape 5, Side A 53
Tape 5, Side B 61
Tape 6, Side A 68
Tape 6, Side B 75

Interview 4: February 28, 2002
Tape 7, Side A 79
Tape 7, Side B 87
Tape 8, Side A 96
Tape 8, Side B 104

Interview 5: March 14, 2002
Tape 9, Side A 109
Tape 9, Side B 115
Tape 10, Side A 122
Tape 10, Side B 129

Interview 6: April 17, 2002
Tape 11, Side A 133
Tape 11, Side B 141
Tape 12, Side A 148
Tape 12, Side B 155

Interview 7: May 1, 2002
Tape 13, Side A 159
Tape 13, Side B 166
Tape 14, Side A 173
Tape 14, Side B not recorded

Interview 8: May 17, 2002
Tape 15, Side A 179
Tape 15, Side B 186
Tape 16, Side A 193
Tape 16, Side B not recorded

PREFACE

Background of the Oral History Project

The Kaiser Permanente Medical Care Program recently observed its fortieth anniversary. Today, it is the largest, one of the oldest, and certainly the most influential group practice prepayment health plan in the nation. But in 1938, when Henry J. and Edgar F. Kaiser first collaborated with Dr. Sidney Garfield to provide medical care for the construction workers on the Grand Coulee Dam project in eastern Washington, they could scarcely have envisioned that it would attain the size and have the impact on medical care in the United States that it has today.

In an effort to document and preserve the story of Kaiser Permanente's evolution through the recollections of some of its surviving pioneers, men and women who remember vividly the plan's origins and formative years, the Board of Directors of Kaiser Foundation Hospitals sponsored this oral history project.

In combination with already available records, the interviews serve to enrich Kaiser Permanente's history for its physicians, employees, and members, and to offer a major resource for research into the history of health care financing and delivery, and some of the forces behind the rapid and sweeping changes now underway in the health care field.

A Synopsis of Kaiser Permanente History

There have been several milestones in the history of Kaiser Permanente. One could begin in 1933, when young Dr. Sidney Garfield entered fee-for-service practice in the southern California desert and prepared to care for workers building the Metropolitan Water District aqueduct from the Colorado River to Los Angeles. Circumstances soon caused him to develop a prepaid approach to providing quality care in a small, well-designed hospital near the construction site.

The Kaisers learned of Dr. Garfield's experience in health care financing and delivery through A. B. Ordway, Henry Kaiser's first employee. When they undertook the Grand Coulee project, the Kaisers persuaded Dr. Garfield to come in 1938 to eastern Washington State, where they were managing a consortium constructing the Grand Coulee Dam. Dr. Garfield and a handful of young doctors, whom he persuaded to join him, established a prepaid health plan at the damsite, one which later included the wives and children of workers as well as the workers themselves.

During World War II, Dr. Garfield and his associates--some of whom had followed him from the Coulee Dam project--continued the health plan, again at the request of the Kaisers, who were now building Liberty Ships in Richmond, California, and on an island in the Columbia River between Vancouver, Washington, and Portland, Oregon. The Kaisers would also produce steel in Fontana, California. Eventually, in hospitals and field stations in the Richmond/Oakland communities, in the Portland, Oregon/ Vancouver, Washington areas, and in Fontana, the prepaid health care program served some 200,000 shipyard and steel plant employees and their dependents.

By the time the shipyards shut down in 1945, the medical program had enough successful experience behind it to motivate Dr. Garfield, the Kaisers, and a small group of physicians to carry the health plan

beyond the employees of the Kaiser companies and offer it to the community as a whole. The doctors had concluded that this form of prepaid, integrated health care was the ideal way to practice medicine. Experience had already proven in the organization's own medical offices and hospitals the health plan's value in offering quality health care at a reasonable cost. Many former shipyard employees and their families also wanted to continue receiving the same type of health care they had known during the war.

Also important were the zeal and commitment of Henry J. Kaiser and his industry associates who agreed with the doctors about the program's values and, despite the antagonism of fee-for-service medicine, were eager for the success of the venture. Indeed, they hoped it might ultimately be expanded throughout the nation. In September, 1945, the Henry J. Kaiser Company established the Permanente Health Plan, a nonprofit trust, and the medical care program was on its way.

Between 1945 and the mid-1950s, even as membership expanded in California, Oregon, and Washington, serious tensions developed between the doctors and the Kaiser-industry dominated management of the hospitals and health plan. These tensions threatened to tear the Program apart. Reduced to the simplest form, the basic question was, who would control the health plan--management or the doctors? Each had a crucial role in the organization. The symbiotic relationship had to be understood and mutually accepted.

From roughly 1955 to 1958, a small group of men representing management and the doctors, after many committee meetings and much heated debate, agreed upon a medical program reorganization, including a management-medical group contract, probably then unique in the history of medicine. Accord was reached because the participants, despite strong disagreements, were dedicated to the concept of prepaid group medical practice on a self-sustained, nonprofit basis.

After several more years of testing on both sides, a strong partnership emerged among the health plan, hospitals, and physician organizations. Resting on mutual trust and a sound fiscal formula, the Program has attained a strong national identity.

The Oral History Project

In August 1983, the office of Donald Duffy, Vice President, Public and Community Relations for Kaiser Foundation Health Plan and Hospitals, contacted Willa Baum, Director of the Regional Oral History Office, about a possible oral history project with twenty to twenty-four pioneers of the Program. A year later the project was underway, funded by Kaiser Foundation Hospitals' Board of Directors.

A project advisory committee, comprised of seven persons with an interest in and knowledge of the organization's history, selected the interviewees and assisted the oral history project as needed. Donald Duffy assumed overall direction and Darlene Basmajian, his assistant, served as liaison with the Regional Oral History Office. Committee members are John Carpenter, Dr. Cecil Cutting, Donald Duffy, Robert J. Erickson, Scott Fleming, Dr. Paul Lairson, and Walter Palmer.

By year's end, ten pioneers had been selected and had agreed to participate in the project. They are Drs. Cecil Cutting, Sidney Garfield, Raymond Kay, Clifford Keene, Ernest Saward, and John Smillie, and Messrs. Frank Jones, George Link, Eugene Trefethen, Jr., and Avram Yedidia.

By mid-1985 an additional ten had agreed to participate. They are: Drs. Morris Collen, Wallace Cook, Alice Friedman, Benjamin Lewis, Sam Packer, Bill Reimers, Harry Shragg, and David Adelson, Lambreth (Handy) Hancock, and Bernicce Oswald.

Plans to interview Dr. Garfield and Dr. Wallace Neighbor, who had been at Grand Coulee with Dr. Garfield, were sadly disrupted by their deaths a week apart in late 1984. Fortunately, both men had been previously interviewed. Their tapes and transcripts are on file in the Central Office of the medical care program. Similarly the project lost Karl Steil due to his lengthy illness and death in 1986.

The advisory committee suggested 1970 as the approximate cutoff date for research and documentation, since by that time the pioneering aspects of the organization had been completed. The Program was then expanding into other regions, and was encountering a new set of challenges such as Medicare and competition from other health maintenance organizations.

Research

Kaiser Permanente staff and the interviewees themselves provided excellent biographical sources on each interviewee as well as published and unpublished material on the history of the Program. The collected papers of Henry J. Kaiser on deposit in The Bancroft Library were also consulted. The oral history project staff collected other Kaiser Permanente publications, and started a file of newspaper articles on current health care topics. Most of this material will be deposited in The Bancroft Library with the oral history volumes. A bibliography is located at the end of the volume.

To gain additional background material for the interviews, the staff talked to five Kaiser Permanente physicians in northern California, two of whom had left the program years ago: Drs. Martin Abel, Richard Geist[1], Ephraim Kahn[1], James Smith[1], and William Bleiberg[1]. James De Long[1] in Portland, and William Green[1], William Allen[1], and Dr. Toby Cole[1] in Denver talked about the history of their regions. In addition, Peter Morstadt[1], formerly executive director of the Denver Medical Society, discussed the attitude of the medical society toward Kaiser Permanente's years in Denver.

The staff also sought advice from the academic community. James Leiby, a professor in the Department of Social Welfare at UC Berkeley and an advocate of the oral history process, suggested lines of questioning related to his special interest in the administration of and relationships within public and private social agencies. Dr. Philip R. Lee, professor of social medicine and director of the Institute for Health Policy Studies at the University of California Medical School, proposed questions concerning the impact of health maintenance organizations on medical practice in the United States.

Organization of the Project

The Kaiser Permanente Oral History Project staff, comprised of Malca Chall, Sally Hughes, and Ora Huth, met frequently throughout 1985 to assign the interviews, plan the procedures and the time frame for research, interviewing, and editing, and to set up a master index. Interviews with the first nine pioneers took place between February and June, 1985, and with the second group between February and December, 1986. The transcripts of the tapes were edited, reviewed by the interviewees, typed, proofread, indexed, copied, and bound. The entire series will be completed during 1987.

---

1. Tapes of these interviews have been deposited in the Microforms Division of The Bancroft Library.

Summary

This oral history project traces, from various individual perspectives, the evolution of the Kaiser Permanente Medical Care Program from 1938 to 1970. Each interview begins with a discussion of the individual's family background and education--those tangible and intangible forces that shaped his or her life. The conversation then shifts to the interviewee's participation in and observation of significant events in the development of the health plan. Thus, the reader is treated not only to facts on the history of the Program, but to opinions about the personal qualities of the men and women--doctors, other health care professionals, lawyers, accountants, and businessmen--who, often against great odds, dedicated themselves to the development of a health care system which, without their commitment and skills, might not have resulted in the individual and organizational achievements that the Kaiser Permanente Medical Care Program represents today.

The Regional Oral History Office was established to tape record autobiographical interviews with persons who have contributed significantly to the development of the West. The office is headed by Willa K. Baum and is under the administrative supervision of James D. Hart, the director of The Bancroft Library.

ADDENDUM

Following completion of the initial nineteen interviews in the Kaiser oral history series, the advisory committee expanded the project beyond the 1970 cutoff date. The aim was to document the medical program's evolution from the perspective of the Central Office through interviews with Scott Fleming, James Vohs and Clair Lisker.

Scott Fleming, an attorney, joined the legal department of the Henry J. Kaiser Company in 1952, and the Central Office of Kaiser Health Plan/ Hospitals in 1955. His pivotal career there continued until his retirement in 1989, broken only by periods as deputy assistant secretary in the Department of Health, Education, and Welfare in Washington, D.C. (1971-1973) and as regional manager of Kaiser's Northwest Region (Oregon) (1973-1976).

In 1952, James Vohs began his career with Kaiser in labor and industrial relations with several different components of the Kaiser Company. In 1957 he joined the Health Plan in Los Angeles as employee relations advisor, shortly thereafter becoming Health Plan manager of the Southern California Region. His career with the medical program moved steadily upward. Between 1974 and 1991 he assumed the helm of the Kaiser Permanente Medical Care Program as chairman, president, and CEO, positions he held until his retirement in 1992.

Claire Lisker began working as an RN with Kaiser Permanente in the 1940s. She helped found and lead the nursing education program. She was Director of Nursing when she retired in 1991. Her interview discusses the development of nursing care philosophy and practices over the decades.

Kaiser Permanente Medical Care Program
Oral History Project

October 2004
Regional Oral History Office
Berkeley, California

INTERVIEWS

KAISER PERMANENTE MEDICAL CARE PROGRAM

David Adelson

Morris Collen, M.D.

Wallace Cook, M.D.

Cecil C. Cutting, M.D.

Scott Fleming

Alice Friedman, M.D.

Lambreth Hancock

Frank C. Jones

Raymond M. Kay, M.D.

Clifford H. Keene, M.D.

Benjamin Lewis, M.D.

George E. Link

Clair Lisker

Berniece Oswald

Sam Packer, M.D.

Wilbur L. Reimers, M.D.

Ernest W. Saward, M.D.

Harry Shragg, M.D.

John G. Smillie, M.D.

Eugene E. Trefethen, Jr.

James A. Vohs

Avram Yedidia

Introduction—Clair Lisker

In 1992, while taking a shortcut through Oakland, California, I noticed that scaffolding covered the old Piedmont Hotel that had served as the main building, classroom, and dormitory for the Kaiser Foundation School of Nursing (1947-1976). Demolition crews were about to transform the site of so much Kaiser Permanente history into a parking lot.

As an independent contractor, I had served as Kaiser Permanente historian and archivist since 1985. I certainly knew of Clair O'Sullivan Lisker, who at that time was director of nursing at the Kaiser Foundation Hospital in Oakland. She was a 1951 graduate of Kaiser's School of Nursing and had also taught there. In fact, whenever I had asked around for suggestions of whom to talk with about the history of the school, the near-universal answer was that I needed to speak with Clair Lisker. Now was an ideal time to contact her.

Over the phone, I explained to her that the old nursing school building was about to be demolished and that I would very much like to interview her about her experiences there. In an accent colored by just a hint of her Irish origins, she expressed great enthusiasm for the idea. We agreed to meet there and walk through the building, letting the rooms themselves help stimulate memories. She suggested that we invite Linda Davis, a more recent graduate of the school who was now an executive with the medical care program.

The woman who arrived at the former School of Nursing building was warm and most charming. As she and Linda Davis walked through the building, they were able to make the school and its students come alive again, preserving memories of place and time. Recollections flooded out: pleasant afternoons sunbathing with friends on the roof of the former Oakland hotel that had been transformed to a dormitory and classroom building; the courage of a young nursing school student who had been paralyzed in an accident yet returned to school and with great determination completed her courses; students coming back late from dates (and how they managed to get into the locked building after curfew); and the nursing student who regularly parked an old and rather beat-up hearse, which was personal transportation, in front of the school building, which happened to be across from a very staid and respectable mortuary. At the polite but energetic request of the funeral director, the school insisted he move it. (Yes, there were some male students at the nursing school.) And of course there were scores of memories of classes, teachers, and patients.

What became clear during our videotaped interview was that Clair Lisker had more to offer to a student of Kaiser Permanente history than just her nursing school memories. Although I went on to interview her about other aspects of her substantial career, only Judith K. Dunning's interviews for this volume, *Clair Lisker: A Voice for Nursing Education, Kaiser Permanente, 1948 to 1991,* brought out the full story of Clair's contributions to Kaiser Permanente and her own fascinating life. Clair's is the last of the "pioneer series" of oral histories carried out by UC Berkeley's Regional Oral History Office as a way to document the early history of Kaiser Permanente.

As this oral history shows, Clair Lisker is one of few people to have been involved for so long and in so many ways with the development of Kaiser's medical care program. She is a direct link to many of the early leaders of the program, having worked under or alongside many of them. She has a rare breadth of experience within the Kaiser organization: as a nursing student, a staff nurse, an instructor at the school and, after earning a master's degree, a faculty member. She was associate director of the school from 1973 until the school's closure in 1976.

In 1978 she was appointed director of nursing at the Kaiser hospital in Oakland, filling a position once held by her mentor, the late Dorothea Daniels, herself one of the most important women in the history of the health plan.

Even after her retirement from that position in 1991, Clair continued her involvement with Kaiser Permanente. She played a key role in developing an innovative approach to continuing medical education for a new generation through use of an interactive teleconferencing system linking scores of hospitals and office buildings throughout the KP system.

Clair has also been instrumental in keeping the nursing school's alumni association vital and involved with today's nursing edueation and leadership. In 2000, she spearheaded the activities of an alumni committee that brought hundreds of the school's 1,064 graduates together in the ballroom of Oakland's historic Claremont Hotel in grand celebration of the fiftieth anniversary of the graduation of the first class. The event included the showing of a video with excerpts from our tour of the nursing school building. At the close of the celebration, Clair listened to the appreciative attendees--most of whom she had known for twenty, thirty, or more years--singing their nursing school song, "Here's to Kaiser Foundation" (originally "Here's to Our Permanente"). She could take great satisfaction in her own accomplishments as a teacher, colleague, and friend.

This oral history, like Clair Lisker's career, connects the early days of Kaiser Permanente to the modern program, providing a rare perspective from a person who helped to shape that transition.

Steve Gilford, 2004

INTERVIEW HISTORY—Clair Lisker

Clair O'Sullivan Lisker is the final narrator for the pioneer phase of the Kaiser Permanente Medical Care Program history series. With the completion of Mrs. Lisker's interviews, the stories of twenty-two individuals, including physicians, clinical specialists, administrators, and board members are recorded. The pioneers had significant careers in Kaiser Permanente and exemplified the organization's history up to 1970.

The interviews with Clair Lisker, the only nurse among the narrators, serve as a bridge to phase two of the Kaiser Permanente oral history project. Mrs. Lisker's career at Kaiser spanned five decades. She graduated from the nursing school in 1951, worked as a staff nurse in the medical-surgery unit, and was a faculty member of the School of Nursing for twenty-five years. When Clair retired in 1991, she was director of nursing at Kaiser Permanente Hospital in Oakland.

Between January and May of 2002, I met with Clair Lisker eight times in her Berkeley home to record her story. She greeted me in her breakfast nook with handwritten notes, Kaiser memorabilia, and photographs. We were extremely comfortable with each other and always surprised when the morning turned into the afternoon. Following each session, we'd spend time planning for the next interview. Together, we'd decide on topic areas and important colleagues to remember. Mrs. Lisker was always well prepared and enthusiastic.

For most of the interviews, we followed a chronological order, beginning with her upbringing in Kilfinane, County Limerick, Ireland, her nursing school days in London during World War II, and her immigration to the United States in 1947. We documented her career at Kaiser from her student nurse days in 1948 to her forty-plus years as a nurse educator and administrator.

Fred Lisker, Clair's husband of fifty-one years, was an active supporter of the project. He sent me materials in the mail, telephoned me to confirm the sessions, and beamed with pride when he spoke of Clair's accomplishments at Kaiser. Clair was passionate about her Kaiser affiliation too. "Basically, it was my life. Our children were born at Kaiser. We've been Kaiser members all our lives." Her son, Wesley Lisker, is a Kaiser physician.

Kaiser Permanente was the center of Clair Lisker's professional life, and she had many roles in the nursing field. A quote from her oral history is telling: "I often thought, who would want to keep coming to work everyday saying, 'I hate this job.' I never did. I was wishing at times that I could bottle some of it to take the good parts out, but overall it has been a tremendously rewarding job and experience."

She is active in the Kaiser Foundation School of Nursing Alumni Association and helped organize the fiftieth anniversary reunion as well as the annual luncheons. She is a member of the Kaiser Heritage Working Group.

Clair Lisker had a life outside of Kaiser. She was a political activist and antiwar protester in the sixties. She is a proud mother of two and grandmother of six. She enjoys traveling and at home she is a gardener, with a specialty in orchids. Plants of all sizes are potted on her deck. One of her orchids now graces my front steps.

During the interviews, Clair Lisker always returned to one point. She has a vision for a new Kaiser Permanente nursing school. She is passionate about promoting this idea and has met with Kaiser colleagues and national leaders in nursing education. Mrs. Lisker understands firsthand how the shortage

of trained nurses impacts healthcare throughout California and the nation. She strongly believes that Kaiser could be a leader in nursing education.

Mrs. Lisker reviewed her transcript and edited it lightly. She hopes that other Kaiser nurses will have the opportunity to be interviewed in the future.

The Regional Oral History Office was established in 1954 to augment through tape-recorded memoirs the Library's materials on the history of California and the West. Copies of all interviews are available for research use in The Bancroft Library and in the UCLA Department of Special Collections. The office is under the direction of Richard Cándida Smith, and the administrative direction of Charles B. Faulhaber, the James D. Hart Director of The Bancroft Library, at the University of California, Berkeley.

Judith Dunning, Oral Historian
Berkeley, California
June 21, 2004

Regional Oral History Office
Room 486 The Bancroft Library

University of California
Berkeley, California 94720

BIOGRAPHICAL INFORMATION

(Please write clearly. Use black ink.)

Your full name CLAIR PATRICIA O'SULLIVAN LISKER

Date of birth 3-15-26 Birthplace IRELAND

Father's full name ROBERT GEORGE O'SULLIVAN

Occupation DAIRY ENGINEER Birthplace IRELAND

Mother's full name NORA McCREERY O'SULLIVAN

Occupation HOMEMAKER/TEACHER Birthplace IRELAND

Your spouse/partner FRED M. LISKER

Occupation MFG. REPRESENTATIVE Birthplace PROVIDENCE, RHODE ISLAND

Your children WESLEY HARRIS LISKER, (CRETO.)

SUSAN ANNE LISKER PATMONT

Where did you grow up? IRELAND,

Present community BERKELEY, CA.

Education R.N., B.S.N., M.Sc.N. POST MASTER'S STUDIES in EDUCATIONAL ADMINISTRATION, & HOSPITAL ADMINISTRATION

Occupation(s) STAFF NURSE, NURSING EDUCATOR, DIRECTOR OF HOSPITAL NURSING, ASSISTANT HOSPITAL ADMINISTRATOR

Areas of expertise NS. EDUCATION, NS. ADMINISTRATION

Other interests or activities GARDENING, SEWING, KNITTING, TRAVELLING, GRANDCHILDREN - 6 !!

Organizations in which you are active NS. ADVISORY COMMITTEE, MERRIT COMMUNITY COLLEGE, KAISER FOUNDATION SCH. OF NS ALUMNAE ASSN.

SIGNATURE Clair P. Lisker DATE: Feb 12, 2002

The Permanente Hospitals

OAKLAND CALIFORNIA

PERMANENTE SCHOOL OF NURSING · OAKLAND CALIFORNIA

School of Nursing

This Certifies That

Clair Patricia O'Sullivan

Has completed with credit a term of three years study in the theory and practice of nursing and having passed the required examinations is awarded this

Diploma

Given this Fourteenth day of March

One thousand nine hundred and fifty-one

PERMANENTE SCHOOL OF NURSING · SEAL · OAKLAND CALIFORNIA

President, Board of Trustees

Medical Director

Chairman, Nursing School Committee

Director, School of Nursing

INTERVIEW WITH CLAIR LISKER

[Interview 1: January 16, 2002] [Tape 1, Side A]

Dunning: Good morning.

Lisker: Good morning.

Dunning: This is our first interview, and I'm very enthusiastic about meeting you and recording your story. Your name has come up a number of times in the Kaiser committees as the nurse to interview. I thought I'd begin with getting some of your family background and how you happened to land in this part of the world. What is your full name, including your maiden name?

Lisker: Clair Patricia O'Sullivan Lisker.

Dunning: What year were you born?

Lisker: I was born in 1926, March 15th.

Dunning: And where were you born?

Lisker: I was born in a little village in County Limerick called Kilfinane, County Limerick in Ireland. And I lived there until I was seventeen with my parents.

Dunning: What are your parents' names?

Lisker: Robert O'Sullivan and Nora McCreery O'Sullivan.

Dunning: Okay, so you have a McCreery. We have a McCreery in our office.

Lisker: You're kidding!

Dunning: Yes. Do you know the names of your grandparents?

Lisker: Yes. Margaret McCreery and Tom George McCreery on my mother's side. It was George and Elizabeth O'Sullivan on my father's side.

Dunning: Do you remember any stories that your parents told you about what life was like when they were younger, about their childhood?

Lisker: It's really sad, but all I remember is that my—I never did meet my father's parents because they had died, I think, by the time I was born. But I met an aunt of my father's. I didn't meet his brothers; they had immigrated to the United States. They lived in Boston. I met one brother in Ireland, Charlie, but then he left and went to England, so that contact was really not very good.

On my mother's side, I met my grandparents—on the McCreery side—I met my grandmother's relatives in County Clare. I never met any of my grandfather's relatives; he died when I was seven. My grandmother died when I was nineteen. But my mother was one of eight girls; there were no boys in the family. I knew all of my aunts except one, Martha, who died during the flu in 1918. But the rest all survived, and they lived in varying parts in Ireland, Dublin. One maiden aunt who never married lived with us. I had an aunt in Sligo, an aunt in Dublin, two aunts in the United States, in San Francisco, and one in London. So I've met all of those and the cousins, obviously, and still communicate with the cousins who live in Ireland and in England.

Dunning: Did you meet those aunts in Ireland or after you came to the United States?

Lisker: The two that were here I met when I came to the United States in 1947, and lived with one in Livermore [California] for a few weeks before I got a job.

Dunning: Did your mother talk much about how it was to grow up with eight girls?

Lisker: You know, I think they were really scratching most of the time. There seemed to be a good relationship between the sisters. That much I do know. But I think they were all doing something to earn money. One aunt was a seamstress, the one that lived in Sligo, the northwest of Ireland. The aunt in Dublin, when she married, he ended up as a colonel in the Irish army, but she married him, I think, when he was Lieutenant. My aunt in London was a nurse. She married a physician, Nick, my uncle. Mom married. The two aunts in the United States, one (Michael) owned a small shoe repair store on Clement Street in San Francisco. And Bride, who lived in Livermore, she was a nurse, too. She graduated actually from Highland Hospital in Oakland.

Dunning: So you came from a family of nurses.

Lisker: Yes. [tape interruption]

Dunning: Did you hear much about your father's side of the family? Did he talk much about his childhood?

Lisker: Basically, what I heard mostly was that my grandfather drank everything that the family had. They owned a hotel in Kilmallock and he was a butter merchant. Also, they owned a hotel and a large home in Kilmallock. I can remember my father telling me that his mother used to ride with the hounds. But anyway, my grandfather apparently drank everything into the ground, and there was nothing left there.

My father was the youngest in the family, as was my mother. They were the two youngest children. I'm not quite sure about that relationship between my father and his—

Dunning: —and his father.

Lisker: Yes.

Dunning: Because sometimes people didn't talk about it too much.

Lisker: They just didn't. And we didn't, as youngsters, we didn't really think very much to ask, other than the fact that the aunt who lived in Kilmallock would drive to Kilfinane. She had a car. I'm talking about 1930, 1931, '32. And, of course, we would all look around the car and in the car.

Dunning: That was a big deal.

Lisker: It was. Not too many people had cars then.

Dunning: How many brothers and sisters were in your own family?

Lisker: I had two brothers and one sister.

Dunning: What was your place in the family?

Lisker: I'm the oldest.

Dunning: You're the oldest of your parents who were the youngest.

Lisker: Yes.

Dunning: Can you describe a typical day for your mother when all the children were living at home, things that you remember her doing the most?

Lisker: What I remember my mom doing most was cooking, because we had a fairly large house, and I'm thinking now Depression, 1930s, and my father was out of work. He was a steam fitter. On my birth certificate it says, "Dairy Engineer." He worked in the various creameries, or supervised what was going on to be sure that they were all running properly, and I guess conforming to whatever they did with milk. What I remember mostly was having about four boarders in our house and my mother cooking, baking, cooking, all the time, and she was a wonderful cook. I think I got a little bit of it from her. So the smell of cooking in the house. We would have chocolate eclairs, and nobody else would know what we were eating.

Dunning: Your mother treated her boarders nicely.

Lisker: Yes, she was a very good cook. And I remember the warmth always, because the kitchen was always warm, which was the only place—well, we had a fireplace in the living room, but we didn't have central heating in the house that I grew up in.

Dunning: Can you describe your house? If you had to walk into it today, would you—?

Lisker: Okay, you'd walk into the entryway, and on the right is the dining room, and then next to it is the kitchen. Then is the living room on the left. Then go upstairs, you have one, two, three bedrooms and one bathroom, which is the—well, we had an outdoor toilet,

but that bathroom. Then on the third floor—[phone interruption] Where was I? I can't remember.

Dunning: You were on the second floor.

Lisker: Then on the third floor there were one, two, three, four bedrooms on the third floor, and that's where we lived, basically.

Dunning: Oh, you lived up on the top, and boarders lived in the middle.

Lisker: Yes.

Dunning: So it was big house.

Lisker: It was a big house. Now, of course, we don't own it any longer. It was sold.

Dunning: How would you describe your mother? You said she was a good cook.

Lisker: She was very bright. She was also a teacher for a while until we all started arriving on the scene. Kind, warm, loving.

I never remember my parents having an argument. My father didn't drink. I can remember one Christmas when he drank something too much, but we never had liquor in the house. Occasionally a glass of sherry, but that was it. My grandparents lived with us also. So we were all—there was one large bedroom at the top on the third floor, and basically that's where—and one smaller one—and that's where we all lived, slept. But it was a warm, loving family. I didn't know we were poor. Mom played the piano, she played the violin. There was a lot of laughter in our house.

Dunning: So there was music, laughter, and good food.

Lisker: Yes. It was a good combination.

Dunning: What was the age range of the children? You said you were the oldest.

Lisker: Yes. There were two years between each of us. My youngest brother died when he was twenty-five, and that was a few years ago.

Dunning: I was going to ask you what you thought your mother's best qualities were? I think you've already mentioned quite a few.

Lisker: But she used to knit also. [laughter] She's talented, she was very talented. I think actually as Mom got older, I think in just the conversations we had she might have been really frustrated living in the village.

The other thing that happened, I can remember, we'd have card—Mom and Dad would invite people, they'd have card games. They'd play—it wasn't bridge, it was like bridge, Solo I guess was the name of the game. So that you'd have also.

She was a bit irreverent in terms of Catholicism. She didn't have much time in terms of—my grandmother certainly didn't have much to do with the clergy. She would send them on their way.

Dunning: Were you raised Catholic?

Lisker: Yes. Not practicing. I haven't practiced since I was seventeen. As soon as I got away from the village I stopped. But Mom was pretty irreverent also, and didn't go to—well, she went to church occasionally, but nothing on a sustained basis like most of the people in the village did.

Dunning: Same with your dad?

Lisker: The same with Dad basically, yes. I think he was a little more inclined to go to church than Mom was.

Dunning: Was that kind of unusual?

Lisker: Yes, yes. Nora was "the odd ball." [laughter]

Dunning: Because it seems like there'd be a lot of pressure from the village.

Lisker: Oh yes, a tremendous amount, tremendous.

Dunning: But it didn't bother her?

Lisker: No.

Dunning: Good.

Lisker: When I was in high school I guess the nuns decided that I might make a good nun. At that point I guess they'd approached my grandmother. Gran said, "My granddaughter's going to make up her own mind of what she wants to do. Don't come in here telling me that you want to have her be in the convent."

Dunning: It seems like you come from a long line of outspoken, independent women.

Lisker: Yes, which is nice. I like that.

Dunning: Absolutely.

Lisker: Maybe that's where I get it all. I don't know.

Dunning: What do you consider to be the most important things your mother taught you?

Lisker: To think, basically. To question and to think. Not to take stuff at face value, but to think about it, to cogitate, to do some reading, to see if I could get references to back up what it was all about. But primarily, to think on my feet and to think independently.

Dunning: That's quite a gift.

Lisker: That's exactly what she did, because she did the same kind of thing, and I think my grandmother also, the way—I hadn't even thought about that that much, but it's very interesting. She was a really bright lady.

Dunning: You mentioned that your mother took in boarders. Did she do any other kind of work at home? Piece work or anything?

Lisker: No.

Dunning: Mostly the boarders.

Lisker: There was nothing else. Actually, the village was only about 500 people. It was a farming community about twenty-three miles from Limerick. There was a bus that went into Limerick which was once a day I think, in the morning and come home in the evening. It was fairly isolated, and at that point, very few people had cars. I think maybe the local physician and—I don't think even the banker had a car. Maybe one or two farmers. But mostly it was just—to bring the milk to the creamery, it was on carts with donkeys or horses. I think they'd pull it in.

Dunning: So your mother never worked outside the home, she always took in the boarders?

Lisker: No, she didn't.

Dunning: And it being such a small community, did she ever have trouble getting boarders?

Lisker: No, no.

Dunning: People wanted to go into her warm household.

Lisker: We had the bankers and teachers, primarily. There was also one tennis court, so Mom played tennis with Dad.

Dunning: A tennis court in town?

Lisker: Yes, just one. That's where we learned to play tennis.

Dunning: Did you have any special household chores as a child?

Lisker: Yes. I had to make my bed. I had to clean up helping with serving the boarders their meals, help with dishwashing, polish the silver—ugh, hated doing that. The usual kinds of things as well as my homework and practice my music, practice the piano.

Dunning: Now we've talked a little bit about your mom. Could you tell me about your dad?

Lisker: Well, Dad was—I do remember that during the Depression, during the time that he could not find a job, he was really very, very sad and upset. He did odd chores. Then

he found a job in Limerick, and he stayed with a cousin in Limerick during the week because he couldn't afford to take the bus back and forth every day. So he had that job for about two years, I think. Then he'd come home on weekends and it was joyous again. It was lovely having Dad home. He was funny, my father was very funny. He particularly loved Charlie Chaplin. I can remember him just imitating Charlie Chaplin, and doing the same kinds of things that Charlie Chaplin used to do.

Dunning: Can you describe a typical day for him, when all the children were living at home? Did he have a usual schedule?

Lisker: He had a usual schedule, and my father, on weekends, would help Mom to do—he would do the cooking so that Mom could rest. Whatever it might be, he did it, but it was fine. He took us for walks. I can remember him pushing my youngest brother in his pram. Men didn't usually do that kind of stuff. [laughs]

Dunning: You sound like you come from an unusual Irish family.

Lisker: As I look back on it, you know, men didn't usually do that. But that was Dad's weekend, it was with us and helping Mom. Helping in the garden. He would plant stuff, because we had a little garden.

Dunning: Okay, so grow vegetables?

Lisker: Yes. I can remember potatoes and cabbage, carrots, lettuce. What else did we have? I haven't remembered that for ages and ages.

Dunning: It probably supplemented the meals.

Lisker: We also had scallions and onions, as I remember, going out and picking them. Parsley. All the things that you would need for cooking.

Dunning: What did he look like? How would you describe him?

Lisker: He was slender. Mom was 5'6". Dad was about 5'5", I guess, a little bit shorter. Not tall, but slender. Mom was slender also. Black hair, two big brown eyes, always a smile. Helpful. I remember Dad as being very helpful, being sure that we had coal in the coal scuttles so that we didn't have to go outdoors to get it, in the kitchen and in the living room. I can remember him fixing lots of things around the house, but Mom also could do the same thing.

Dunning: They were both handy.

Lisker: Yes, they were both very handy. But mostly Dad worked, to try and keep a roof over our heads.

Dunning: That was a big job.

Lisker: Yes.

Dunning: Do you think there are things your father tried to pass down to you?

Lisker: [pause] A sense of integrity and honesty, from both my parents. I'm not a good liar. That's the way it is. A sense of what's right.

What we never got, and which surprises Fred, we never had, that I can remember—my brother tells me differently, but his was a school—but even in school and at home there was never any sense of discrimination. But we had nobody to discriminate against. There were a few Protestants in the village, but my mother was friendly with those individuals, and they visited our house. So it was just like we didn't think in terms of "the Protestants," we thought in terms of people, and who they were, and their names. So I never made that connection.

Now my brother, Tom, who lives in Ireland, tells me that when he was in the boys' school—because we had a boys' school and a girls' school—that he remembers anti-Semitism being discussed or taught, or the Jews are this and the Jews are that. But I don't remember any of that, and I was in a Catholic convent school. I have no connection with that at all.

Dunning: Okay, so it might have surprised you later in life when—

Lisker: It did, because this came up about ten years ago, about ten years ago. I don't know quite what the conversation was, or how we even got around to it, but that was interesting, because I just have no memory of that at all, if it went on. It was not part of my consciousness.

Dunning: It wasn't in your family life.

Lisker: No, no, no. I can't remember it at all. Certainly not at home, and not in school either. I learned that Jesus was a Jew, but that was about the end of it.

Dunning: Do you think your parents had certain dreams for their children?

Lisker: Well, I think they all, number one, wanted us to have a good education; and number two, to be sure that whatever we did we enjoyed doing. But there was a reality factor also. The reality was that we would find a job, we would be trained for a job, we would be independent. We couldn't depend on our parents because they were scratching from one week to the next. So it wasn't an option for us. But it never was a stark reality; it was just the way things were, that everybody did. So there was always an expectation that you'd find a job and enjoy it.

Dunning: And did most of your siblings find jobs?

Lisker: Yes. My sister is a nurse. Initially I thought I would like to be a designer, clothing designer, because I love to sew and I love to knit and do that kind of stuff. Mom had a friend who was in one of the large stores, and I talked with her and then decided that's not for me. Then my aunt in London made inquiries in one of the hospitals in London, and when I was seventeen and three months, I went to London as a student nurse.

Dunning: I think I'm going to save that little travel for a little bit later in today's interview, because I know there's quite a story there. I would like to ask you about your education: what schools you went to.

Lisker: I went to the Catholic—well, the only school in the village for girls, because there's a boys' school and a girls' school. I went to school through high school there.

Dunning: What was the name of it?

Lisker: It was Saint Paul's Convent School in Kilfinane. Everybody had a set curriculum. We didn't have choices. We took English, Irish, French—English, Gaelic, French. Math, history, geography. Did I say English?

Dunning: Yes. The basics.

Lisker: Yes.

Dunning: And then some.

Lisker: They were basics. I mean that was a very solid education. And we went to school five and a half days a week. We had school on Saturdays, half a day.

Dunning: Oh, you did?

Lisker: Yes. And also on Saturday we had P.E. [laughs]

Dunning: Was that Catholic school free?

Lisker: No. We had to pay.

Dunning: Okay, you paid a small tuition.

Lisker: Not very much. It was about a pound, or something like that, less. What do they call it? A term. I've forgotten the language already.

Dunning: And you went there for twelve years.

Lisker: Yes, yes.

Dunning: Okay. You mentioned in school you studied English, Gaelic, and French. Did you learn to speak Gaelic?

Lisker: Oh, sure. I had classes in Gaelic.

Dunning: Right from first grade?

Lisker: Yes, yes. That was one of the things also, that Mom could speak Gaelic, but my father couldn't, because he was ten years older than Mom, and when he went to school it was

forbidden to teach Irish in the schools. So when we wanted to keep Dad out of what we were talking about, we spoke Gaelic.

Dunning: So you did speak some Gaelic at home.

Lisker: Oh, yes.

Dunning: And your siblings as well?

Lisker: Yes.

Dunning: When you go back to visit, do you go over to the Dingle Peninsula areas where they speak Gaelic?

Lisker: No, not at all. What I do is I listen to the news in Gaelic, and I think after about a week, I've picked up quite a bit, but forget it, forget it. I know a few words.

Dunning: But you don't attempt to speak it?

Lisker: No, no.

Dunning: But the sound is probably very familiar.

Lisker: It is.

Dunning: How about your siblings? Has anyone continued to—

Lisker: Well, I think Tom, my brother, speaks Gaelic more, because he's in Ireland. So he uses it with his grandchildren. My sister is worse than I am. She's forgotten everything. And, of course, my brother Noel is dead, but he was a Gaelic speaker also.

Dunning: Did you try to pass any of the Gaelic to your children?

Lisker: [whispering] Just the swear words. [laughter]

Dunning: Did you have special family traditions, when you look back?

Lisker: Not really. Birthdays and Christmases, but not really.

Dunning: You didn't celebrate the religious holidays?

Lisker: We did.

Dunning: Because you were in Catholic school.

Lisker: Yes, yes absolutely. That was part and parcel of the whole thing. See what I've forgotten already?

Dunning: What order of nuns did you have?

Lisker: Saint Vincent de Paul.

Dunning: Were they in the full elaborate gear?

Lisker: Oh, sure. With the head gear—the penguins.

Dunning: Were they in dark colors?

Lisker: Yes, black and white. There was the white thing and the black veil, and then black. And I think they had a white—

Dunning: I'm not sure what color. A bib.

Lisker: Yes, they had a bib. I remember that. It is interesting. I forgot all about this.

Dunning: Did you have favorite subjects in school?

Lisker: I loved math. I was a whiz at math. It's interesting, my grandchildren are all math whizzes.

Dunning: So you wouldn't think that would be inherited, but it looks like it might be.

Lisker: Something is in there. But I really enjoyed that. I enjoyed English. I think I enjoyed English because the teacher was always involved. We had the same teacher through four years of high school.

Dunning: You had the same nun for four years?

Lisker: Yes. So we could gauge our progress from one year to the next. But I loved it, because she was also great at Shakespeare, and I loved Shakespeare. These kinds of things stay with you. And criticizing, reading books and evaluating what all was said. She was really a tremendous linguist herself also, but very, very, very intelligent.

Dunning: Can you recall her name?

Lisker: Sister Bernadette. I do. I can remember her. Tall, she was 6' tall! At least to me she looked like that.

Dunning: You didn't cross Sister Bernadette.

Lisker: You didn't have to. She was great.

Dunning: Did you have a big class?

Lisker: There were fifteen in my class. The total high school had about eighty students. It was small.

Dunning: Oh, that was wonderful. Because I know in the United States, growing up, many of us in the family went to Catholic school, and we had fifty to fifty-five kids, and one—

Lisker: It's impossible!

Dunning: One nun that was sometimes a new graduate of high school.

[Tape 1, Side B]

Dunning: We were talking about your nun. Do you know what the nun that taught you for the four years, what her background was?

Lisker: No.

Dunning: Because I know a lot of nuns only graduated from high school and then suddenly they were teachers.

Lisker: No, I had no idea. That might have been possible also. I have no idea what their background—nobody questioned—What are you talking about? Nobody questioned—there was a nun. She was teaching this class. Parents didn't get involved. If you were naughty, you deserved it.

I do remember in grade school—that's between kindergarten and—I don't know what grade it was that we went into high school. Sixth? I'm not sure. There was one nun that was really—I just absolutely could not stand, primarily because—I don't know what I must have been doing, but I can remember she got a ruler, and the edge of the ruler went against my knuckles. God, I'm seventy-five years old and I remember that! You don't forget—

Dunning: You don't forget those things.

Lisker: You just don't forget it.

Dunning: But they were allowed to hit at that time?

Lisker: Yes, and they did. Because there were some students, I mean girls—because it was a girls' school—who were forever being hit. There were some students who didn't pick things up as quickly as the nuns—or the nun thought that they might do that. And it would be just you were stupid, and that language was used. It is only later that you'd think of the verbal abuse, and thinking, "Good Lord, why did this go on?" But again, what would happen is you wouldn't tell your parents, because what invariably might happen is that you were naughty, and you'd get it again. You'd get a whack on the bottom as, "You must not do that." So it was this kind of viciousness that went on, probably not even recognized as such.

Dunning: I think it seemed to be an accepted standard, which is sad, but true.

Lisker: I think you're absolutely right. It hasn't been until recently that maybe that has changed even in Ireland, because if you've been keeping track of what's been going on, it's bad news, really. It's bad news.

One of our friends indicated—this is an aside also. When we were visiting not too long ago back in Waterford, and said that he felt that the church was going to implode in Ireland with all the stuff that was going on, and the fact that they had been keeping it hidden for so many years.

Dunning: The priest-children relationships?

Lisker: Yes, the pedophilia. But also the other kinds of abuse with orphans who were in laundries. I don't know if you've been reading about that, and the way they were abused physically, as well as emotionally, by the nuns. It's incredible. It's incredible.

I just finished reading [John] Cornwell's book—he wrote *Hitler's Pope* [*: The Secret History of Pius XII*, Penguin, 2000] and *Breaking Faith* [*: The Pope, the People, and the Fate of Catholicism*, Viking Press, 2001]. I just finished reading *Breaking Faith*, and I can understand why things have been happening, with the Rome is. The pope is so conservative.

Dunning: You had spoken earlier about in your family you learned that you couldn't tell a lie, and you learned that honesty and integrity is so important.

Lisker: It shakes your faith.

Dunning: Absolutely. So it seemed like you really got grounded in some very good values from your family.

Lisker: I did, I did, I did.

Dunning: You mentioned that there was no alcohol in your family other than a little sherry. Do you think that was a decision your parents made because of your grandfather's background?

Lisker: I'm not sure it was a decision that they made. I think it was the fact there wasn't money for liquor.

Dunning: A practical reason.

Lisker: Yes. But, they just did not drink, period. I'm not sure that it was—I think it was because there wasn't any money. If you read Frank McCourt's book about Limerick—*Angela's Ashes* by Frank McCourt. That father drank all the time, and it didn't matter that they didn't have any money. He just drank up his wages so they were poverty-stricken. I've known families like that, knew some in the village like that.

Dunning: When was the last time you went back to the village?

Lisker: When was I home? I keep on going back.

Dunning: You call it home.

Lisker: Yes. We keep on going back about every two years.

Dunning: That's great. I actually brought a map.

Lisker: [referring to the map] Here's Kilmallock, where my father was born. There's Kilfinane, tiny, tiny. So that's five miles between Kilmallock and Kilfinane. It's not very far from the Tipperary border. It's about forty miles to Waterford. My brother lives in Cork.

Dunning: As a child, did you travel around other parts of Ireland, or did you mostly stay in the area?

Lisker: I went to Dublin and I went to Sligo. We used to go to Tramore, which is by the sea in County Waterford. We rented a house there. I had an aunt that lived in Sligo, so I went to Sligo, and Dublin. We used to go to Dublin fairly often because it was—quite fairly often was once a year—because it was on a fairly direct route. I could get to the junction—somebody could take me to the junction to get a train to Dublin.

Dunning: That's a pretty area. We have some family that came from the Waterford area, and then others on my grandfather's side came from this area, in Tyrone.

Lisker: My grandfather came from Tyrone, too. That's interesting. He was in the Royal Irish Constabulary, which is the police force in the village. This is my mother's father. I just recently got hold of something on him. We think he was cashiered out of the police department. He must have done something that was not correct, but we never knew it. I got that information about three years ago from my cousin in London, because she was trying to get something on her mother, my aunt. She got the information about her grandfather, and we don't know, nobody ever spoke about it. All I remember, my grandfather was a great fisherman and he had canaries. I can remember during the Depression, he also had some chickens, that he would steal an egg and put it in with the potatoes when they were boiling. So he would feed the egg to the birds, and my grandmother used to go crazy. [laughter] He loved the birds, but he also would get trout and partridge and plover. He fished and he hunted. So he'd bring home all of this stuff that we cooked, which was delicious.

Dunning: So you certainly still have very strong roots to Ireland, if you go back every couple of years.

Lisker: All my cousins—I have cousins in Dublin, and I have my brother in Cork, and I have a cousin in London. He just died recently. I have a cousin near Bath, and Rita was here last summer. And Joan, my cousin who lives—she used to live in Surrey and now she lives in Chichester. So we visited them in Chichester. Then I have a second cousin who lives in Norbury in the southwest of London. We've been renting a flat in London

since the fifties. It's near Regent's Park, and within walking distance of Oxford Street and Marble Arch.

Dunning: You rent the same flat?

Lisker: Every time we go.

Dunning: Oh, okay.

Lisker: So we know that area very well.

Dunning: Wonderful.

Lisker: We keep the flat and then we go to Ireland and see the relatives in Ireland, and maybe go to the village. We didn't go to the village last time. It's been about five years, I think, since—but I write to classmates. They wrote me for Christmas. Every year I have one, two, three, four, five.

Dunning: Classmates from your Catholic school?

Lisker: Yes. They're still there. They haven't left. I hear from them.

Dunning: When you go back, does it ever go through your mind what would it have been had you'd stayed?

Lisker: I don't feel that I—I get depressed when I go back, except there's one person who has done very well. One owns a pub and a farm. These are all men, by the way. James owned a pub and a farm. His wife has had Alzheimer's for I don't know how long, but he has about eight children. It's bleak, it's very bleak. Then Mick Hanley owned a grocery store. Mick has no interest in anything. Tom Ryan, Tom has been here, because he has children in Australia. He owns race horses and he used to own greyhounds. He has farmland, and he has done extremely well. But he also travels quite a bit. So you can talk to him about other things. His brother used to live in Sacramento. Talking about a small world—is that still on?

Dunning: It is.

Lisker: Tom's brother, Jim, that I went to school with in the village—he traveled. He was in the United States. He was all over they world, actually, South America, Australia, New Zealand, you name it. Jim was one of these guys who couldn't stay still. One Christmas Eve, probably in the fifties, late fifties, the doorbell rang. It was Jim with two women. We said, "Come in." My brother had been in Canada working in a lumber mill. I guess they must have had communal space to live. He's shaving and getting ready to go to work and there's a guy standing beside him with a big long beard. My brother looked and said, "Don't I know you? Where do you come from?" "Kilfinane." So my brother gave Jim my address, but then he left Canada and took off for South America, and is now back like two or three years later. That's when the doorbell rang. We went to his wedding. I took care of his wife and little girl who was dying of a

Wilm's tumor. She stayed with us while the baby was in Kaiser Oakland. We went to Jim's funeral two years ago. He died at age seventy-five.

Dunning: So there have been a lot of ties.

Lisker: Yes.

Dunning: Some people leave a place and that's it, but it doesn't sound like that was the case at all.

Lisker: No. Mom was over here a few years after Dad died, and we went back with the children. If I didn't go, my sister went, so one of us was going back and forth, because my sister lives in Kensington.

Dunning: Oh, your sister lives in Kensington.

Lisker: Yes.

Dunning: Getting back a little bit to your education, did your parents ever encourage you to follow a certain occupation?

Lisker: Well, it was either—remember, this is in the thirties.

Dunning: You're right in the Depression.

Lisker: Yes. And it's become a nurse or a teacher or a nun. Those were your options.

Dunning: Right, and you knew you didn't want to become a nun.

Lisker: I didn't want to become a teacher, so I ended up taking the other route and became a nurse. But basically I was seventeen and had graduated from high school, and now you've got to find something to do. That was the reality.

Dunning: Yes, that was. One question I always ask people of all ages, and you can take it wherever you want to go, as a teenager do you remember some of your ambitions? Did you ever imagine what your life was going to be like? Things you wanted to do?

Lisker: As a teenager.

Dunning: Some people didn't have that luxury. They said, "No, I knew I had to get a job."

Lisker: Basically, that's what I knew also. Again, we didn't have TV, we rarely listened to the news on the radio, so that our horizons were limited really to books that we read, and the books I was reading were mostly for school, and getting a passing grade or a good grade or whatever grade I got—usually fairly decent.

Dunning: That makes a lot of sense: the nurse, the teacher, and the nun. And you eliminated two. At which point did you really think of nursing as a possibility?

Lisker: I think at one point—I didn't write, I think my mother wrote to my aunt, and said—

Dunning: Was she the one in London?

Lisker: She was the one in London. Mom wrote to Lil, and I think that was where the whole thing sort of got its impetus, and Lil then said she would take care of me. But remember, when I went to London it was 1943.

Dunning: Right, so you were in the middle—

Lisker: Of the war. I didn't think that anything would ever happen to me, or my parents didn't. But I was seventeen.

Dunning: You were seventeen, and you graduated from high school. At which point in high school did you know you were probably going to go to join your aunt?

Lisker: Probably like about this time of year, and then I went in June, right after I graduated.

Dunning: Right after you graduated from high school. How did you feel about leaving home?

Lisker: [pause] I wasn't lonely.

Dunning: You knew that there was an aunt.

Lisker: Yes, and I knew her, and she'd visited us all the time.

Dunning: And it wasn't that far.

Lisker: No. Well actually, in terms of getting on a train and a boat, and another train, because I went from—I'd go from Dublin to Holyhead, Holyhead to London. So it was like quite a distance. It took eight hours, I think, from Holyhead to London, and three hours from Dublin to Holyhead.

Dunning: So it was quite a journey.

Lisker: It was, yes.

Dunning: Did any of your friends leave at the same time?

Lisker: No. Well, some of them did. It's interesting, I think two went to the university, because they could afford it, their families could afford it.

Dunning: In Ireland?

Lisker: In Ireland, University of Dublin. I think a couple became nuns. I don't even remember who they were now. That's another story. There were some of us who got married right away. I think there was one other gal that went to London as a nurse, Teresa

Landers, and she was killed in the bombing. Or, when they graduated, they helped their parents on the farm.

Dunning: So, in some ways, it seems like it was a little bit unusual for your parents to encourage you to further your education and say, "Okay."

Lisker: Basically it was not a matter of encouraging me; it was a matter of saying, "This is it."

Dunning: This is it, this is your choice.

Lisker: Yes, this is it. Not being abandoned.

Dunning: No, no, not at all.

Lisker: This is the way life is.

Dunning: Right. These are the realities at this time. Can you think back to when you were seventeen any feelings going through you? Were you excited, scared, or—?

Lisker: No, it was an adventure for me. I wasn't scared, until the bombs started dropping, that was different. No, it didn't—when you're seventeen, you're invulnerable.

Dunning: Right, thank God you can be seventeen.

Lisker: You're invulnerable. Nothing's going to happen to you. I guess that's a saving grace.

Dunning: So you moved in with your aunt?

Lisker: No, I went directly to the hospital, and I was there in a dorm. They give you room and board and uniform and books, and a stipend. I got three pound three and four pence a month. I remember that, because that's what I lived on. [laughter] I didn't get money from home. Occasionally my aunt would give me a pound or two, but it wasn't anything I expected.

Dunning: So you started right away in June in your studies?

Lisker: Yes.

Dunning: Were they pretty difficult?

Lisker: Yes. They were.

Dunning: You didn't have any summer vacation.

Lisker: No. We got a month vacation every year.

Dunning: Okay, in August?

Lisker: No, whenever it was convenient. You didn't have an option.

Dunning: Oh, you just got it when they said.

Lisker: This is when you had vacation, because I guess it depends on—now that I know what it's all about I could do it then, but you can't do it now—it depends on staffing and how many people you have. Remember, also, it was during the war, and many of the nurses had also been recruited and were in the army. They were short of staff on floors and they just had the sisters, who were like the managers of the floors. Basically, we took care of all the patients. The student nurses took care of the patients. So we had very little in the way of didactic. We had some, but not very much.

Dunning: It was all, immediately, it sounds like, you're probably on the floor taking care of people.

Lisker: Yes.

Dunning: How was that?

Lisker: Well, you worked in tandem with another more seasoned student, right? Somebody who had been there for three months, and I'm beginning, okay? So she would teach you how to make the bed, how to give the patient a bath. So you'd learn from that person that you were assigned with.

Dunning: You'd learn the basics.

Lisker: Yes. Then we had classes in anatomy and physiology, but it wasn't like in here that I really got the theory that I needed to have. I did a lot of studying over there, but I didn't really have the opportunity to be able to really ask questions and try and tie things together and do some critical thinking. So it was mostly, "Do this the way I do it." Show me, and do.

Dunning: Tell me about the atmosphere during the wartime when you were living right there?

Lisker: Well, food, of course, was very short. We had powdered eggs, powdered milk, limited—we had coupons so we could buy candy and soap. I never had enough money to go out to restaurants where you could occasionally get a good meal. I can remember the mutton stew, I can remember the awful powdered eggs for breakfast, boiled potatoes. It was English cooking at its worst. Spam, American spam. Oh God. How you survived on that kind of a diet. Everybody was losing weight. Cabbage and the usual things that they can grow in England. And the fruits that they could grow, like plums and apples. Getting oranges, getting fruits that you can buy here. You can get oranges from Jaffa. There were lots of plums, some grapes, and I guess they came in from the Mediterranean. But rationing was the rule.

Dunning: Right.

Lisker: And meat was very scarce. Eggs. Gosh, I'd love to get a boiled egg. Powdered scrambled eggs, yuck!

Dunning: Were there curfews?

Lisker: Oh, yes. 10:00 at night we had to be in. Well, basically, we worked from 7:00 in the morning until 2:00 in the afternoon. Then we'd have a break until 5:00 and then work until 8:00 or 9:00. That was six days a week. And, you know, looking back, never grumbled about it, because we could put our feet up in the afternoon, play the piano, go for a walk. We could walk to, or take the tube, if you had the money to do it, and go to all the plays in London for two shillings and six pence. Up in the sky, "The Gods" as they were called but you could hear; the acoustics were good. Never thought that a bomb might drop.

Dunning: So you weren't even nervous when you were in the middle of it all?

Lisker: I was nervous when the V-1's and V-2's started, because with the V-1's, when they came over—these were the buzz bombs. The V-1's would just cut off. You would hear them buzzing along and then silence, and they dropped right down, so you hoped they wouldn't drop on you. The V-2's, they would cut off and glide, so you'd never know what hit you, so they were really scary. Some of the bombing itself, when the big bombers came over, that was scary. But I was far enough away. It shook the foundation and damaged the windows and things, but the building didn't collapse or anything like that. Wooden windows, mostly, because they had the plywood up after glass broke because they couldn't replace the windows.

But I don't really remember being terribly frightened except for the V-1's and V-2's. Actually, one of my classmates—we just had a fiftieth reunion of the Kaiser School of Nursing, and Diane LaFound, who was one of my classmates, reminded me. We had our preclinical work at Vallejo. She said, "Clair, do you remember," because there must have been some kind of an airport out there someplace that I didn't know about. The planes would come over, and I would go under the bed.

Dunning: In Vallejo?

Lisker: In Vallejo.

Dunning: Probably around Mare Island area.

Lisker: Yes. I would go under the bed because I thought there was a bombing. And she reminded me. I said, "My God, you know, I'd forgotten all about that." So obviously there was some vestige or remembrance past and things past.

Dunning: And many of your patients, were they victims of the bombings?

Lisker: No, no. They were patients with cancer, with ulcers.

Dunning: They wouldn't go to your hospital?

Lisker: Around the Royal Northern Hospital, I think there wasn't that much damage in that area. It depended on what part of London you were. For example, my aunt and uncle, he's a physician, they lived in the East End, by the docks, and all around them, but their house also was just leveled, because they were close to the docks. They stayed there during the war, but they sent their daughter, their only child, to Drumcondra convent in Dublin. So my cousin Joan was in Ireland during the war and I was in London.

Dunning: Did they watch out for you much?

Lisker: Yes, yes. Because if I went for dinner there, and my aunt would say, "You're going now, before the bombs start coming, the bombers start coming over." So I would never stay there late, never, because she was frightened for me. But they used to sometimes leave also and go to a bomb shelter, the tubes, and sleep in the tubes at night. I never did that.

Dunning: How about your parents, did they communicate with you much? Did they write?

Lisker: Oh yes, all the time, and I wrote them.

Dunning: Were they worried about you?

Lisker: They never told me they were. And I'd go home on vacation.

Dunning: Then you'd really get well fed on vacation.

Lisker: And then I'd go back to the powdered eggs and Spam.

[Tape 2, Side A]

Dunning: Is there anything you'd like to tell me about your nursing training in England?

Lisker: I think mostly that it was a very good practical education, but it was really short on theory. I had about six weeks to two months of theory, and the presumption was that that was going to be an adequate amount. Then you had maybe one hour of class or two hours of class a week—I can't remember exactly now—that would continue. But you had a block of about six weeks initially. Then you had theory every week, which I enjoyed.

When I came to the United States, I knew how much I didn't know. That was the reality, that my gosh, there's a lot in there that I didn't get, and that I wish I'd had.

Dunning: Were you in the program for two years?

Lisker: I was in London for three and a half years. It was a four-year program. I didn't finish. I had a boyfriend. It's always a boy in the picture. His name was Roger Lambert, and Roger had been a navigator in the Royal Air Force. He was Belgian. After the war, he was killed in an automobile accident. He was twenty-four years old. He flew over and

escaped over the Pyrenees. He was in Canada for training, and went back and finished the war, and then got killed in a car accident.

So what happened is I wrote my aunt in Livermore—Bride—and said that I was not very happy at that particular point in my life, and wouldn't mind coming to the United States. I hadn't even discussed it with my parents, as I look back on that. She wrote and said, "I'll send you your fare if you'd like to come." She sent me $500. Then I told my parents that I was planning on coming to the United States.

I applied for a visa, and I got a visa to the United States as an immigrant, in six weeks. There were people in Europe who didn't get them, who had been Holocaust survivors who couldn't get out of England or anyplace else—waited years and years to come to the United States. But the Irish government had a big quota, way back then, and in six weeks I had a visa.

Dunning: What year was this?

Lisker: 1947. So I spent six weeks at home before I left. I can remember Mom saying, "We'll never see you again. We'll never see you again." I said, "No, no, no, no. I'll be back."

I came to the United States, and decided I didn't want to be a nurse again. I arrived in San Francisco—oh, I flew out of Shannon—this is my trip to the United States.

Dunning: Were you with your aunt?

Lisker: No. I was by myself. I was twenty-one. The world is my oyster. Got on a plane in Shannon, flew to the Azores, then to Newfoundland, then to New York, and this is a four-engine prop. Then to Chicago, then to Kansas City, then to San Francisco. That took twenty-four hours.

Dunning: I'll bet. I'm surprised it didn't take longer than that.

Lisker: So that was an interesting trip.

Dunning: It sounds it. Did people get off in certain places, or did a lot of the people just continue on to San Francisco.

Lisker: From Chicago on, it was the same plane.

Dunning: Oh, okay. But you made a switch.

Lisker: We switched, but we came in the same plane to the Azores. I guess they filled up there. No, it was bad weather, it was something, and then I had the first glass of pineapple juice I ever had in my life in the Azores. Things you remember.

Then we flew to Newfoundland, and I guess they tanked up with gas there. And then to New York. I got a different plane out of New York to Chicago, and got off in

Chicago and got another plane, and that's the one that went to Kansas City and then to San Francisco.

In more ways than one, it is very interesting. That was a very interesting trip, and I'll tell you why. Because when I was waiting in line to get on the plane, there was—I don't want you to tape this.

Dunning: Well, what we can do, you can take it out right after this. We'll edit it.

Lisker: Okay. Because there was a priest standing in front of me, and he had the little gold fainne on his lapel—that's that little gold ring that say's you're an Irish speaker. So I started talking to him. At that point, you weren't assigned a seat on airplanes, so I asked him if I could sit by him, and he said, "Yes." He was also on the plane out of Chicago, and that was like midnight. So I put a blanket around me, and I'm going to sleep, because the lights were off on the plane.

The next thing I know is his hand is on my leg. I thought, "Wait a minute. I'm dreaming. I'm dreaming." By then, he had told me what his name was, where he went to school. He graduated from Maynooth College—the whole family history. I thought, "I don't believe this. I just don't believe this." Sure enough. I took his hand, and I said, [whispering] "Get the hell out of here!" Why, I told my mother, I'll never know, but I did. I was really upset. I thought, "What is this?"

I didn't see him for the rest of the trip. I wasn't looking for him, anyway, to start off with. But my mother knew who he was, and we talked about it when I visited and she visited. Unbelievable. That was my trip. I remember that.

Dunning: Boy! He probably thought—.

Lisker: I figured, it's a priest. But anyway. I was not very polite.

Dunning: Hey, he wasn't either.

Leaving, did it help you resolve the loss of Roger, and was Roger your first love?

Lisker: Yes. You get emotional over these things.

Basically, when I arrived then, I spent a couple of days with my aunt in the city, in San Francisco, and they took me all around. Then I went to Livermore to stay with my aunt in Livermore. At that point, I said to myself, "I've got to get a job." But the other thing that I had done, is I had said, "I'm not going to be nurse; I want to do something else." And I thought to myself, "What can I do? What am I trained to do? I'm not trained to do anything else." So I got a job as an aide in what was a private psychiatric hospital, a small place.

Dunning: As a maid?

Lisker: An aide in the hospital in September, the end of September. I had room and board there, and there I got eighty dollars a month, so I began to get some money. I had seventy dollars when I arrived in the United States. So I got eighty dollars a month, and then I thought, "What am I going to do?" So I decided, "Well, I better be a nurse again."

I applied to Providence Hospital, to Merritt School of Nursing—these are all schools of nursing—Highland, because that's where my aunt graduated, from Highland, and Kaiser. Providence and Merritt charged like, I don't know, between $500 and $700 for the entire program, which I didn't have.

Dunning: For the whole program?

Lisker: For the entire program.

Dunning: Three years, at the time.

Lisker: Yes. But I didn't know enough at that point to say to one or the other people involved with the schools, "I don't have any money. How could I work this out?" It never even dawned on me, okay? Highland just didn't accept me. The other two would accept me. Highland wouldn't accept me because I was not a citizen, even though my aunt had not been a citizen when she was a student, but that was twenty years back. Kaiser School of Nursing would pay me—no. I'd have room and board, books, uniform, and I would get a stipend every month.

Dunning: It wasn't a choice.

Lisker: It wasn't a choice, that's right. So I became a student nurse at Kaiser.

Dunning: Beginning in 1947?

Lisker: Beginning January, '48. I was in the second class.

Dunning: Oh, okay, because their first class started in '47.

Lisker: In September of '47. I was in the second class with thirty students in my class, fifteen of whom graduated. That was when I really got the theory that I had missed.

Dunning: And you knew that you had missed it?

Lisker: Oh yes, oh yes, oh yes. I really got the theory, had some very good teachers. I loved it. The nursing director, who at that time was Dorothea Daniels, during my senior year, she said, "You know Clair, I'd like you to go on to college." I said, "Well, I can't afford to go on to college," because at that time it was Holy Names [College] down by the lake, or was San Francisco State [University]. Hayward wasn't built then. It came later. UC Berkeley—I went to UC Berkeley, but that was sort of after Holy Names. She said, "Well, why don't I do this: why don't—" because it was ten dollars a unit. It's $240 now, or something like that. She said, "Let me do this: I'll pay—" and I

would take just one course, just to start off with. "I'll pay your tuition, and you can reimburse me." I cannot remember ever reimbursing. She said, "I'll just take it out of your allowance every month." I don't think it ever came out. I can't think back that—but I don't think it ever came out. Whether it was going to be five dollars or what, I have no idea.

That started me going back to get an academic degree. So I graduated from Kaiser, and then I went on to Holy Names. Actually, I didn't finish at Holy Names; I finished at San Francisco State, and got a baccalaureate in nursing education from San Francisco State.

Dunning: What year was that? You graduated from Kaiser in '51.

Lisker: '51. I'd have to look at my diploma.

Dunning: That's okay, because we'll be going through that, but next time, because I think I would like the next time to ask you some specifics about nursing school at Kaiser, and your experiences there. And we're coming up to about an hour and a half, so that's about average for what we record to start with. But at this point, is there anything you'd like to add about your family background or leaving Ireland?

Lisker: Well, you know, I had some kind of feeling I would always go back. It was just not the end, when I was leaving in 1947. I thought, "There are planes around." I didn't know how I was going to do it, but I had enough optimism, and I figured, "I'm bright enough. I'll probably be able to get back there." And sure enough, that's what happened. But I've always felt it was home.

Dunning: When you spoke a minute ago, you said, "Home. When I went home." So my guess is it will always be home.

Lisker: Yes. That won't change.

Dunning: When was the first time you went back after coming here?

Lisker: I graduated. I had been here five years when I left to go back to Ireland. I had a six-weeks vacation. When I left to go on that vacation, I think the feeling of some of the people that I worked with was, "Well, she'll never come back again." But all I needed was two weeks or less in Ireland, and I thought, "I'll never live here again. Never, never, never. But I will come back on vacation."

Dunning: Was it the economics or the bleakness that you had talked about?

Lisker: It was that, but it was also the weather. It rained interminably.

Dunning: It can be bleak.

Lisker: And mud puddles, and cold. It penetrates. Even though it was summer time, you know, I'm in California for five years and now I'm going back. Freezing. So anyway,

I did. I stayed six weeks at home, had a wonderful vacation. Actually I bought a round-trip ticket. What happened? I came back, and my first day of work, at the hospital, I was invited to a party. At that time I was an acting supervisor, I think, or something like that. But they had a huge cake which says, "Welcome back, Clair." [laughter] I mean, come on. How could I not have come back?

Dunning: Right. Well, it seems like you kind of got the best of both worlds. You got such a good grounding in your family.

Lisker: That, but in my family, but education-wise, notwithstanding the kind of business you had to take care of with the nuns. But I got a very, very good basic education, because I didn't have any problems getting into UC Berkeley, and to the medical center in San Francisco. So something very good happened in Ireland. Then I got the theory in nursing at Kaiser Oakland.

Dunning: This seems like a good time to stop.

[Interview 2: January 31, 2002] [Tape 3, Side A]

Dunning: Good morning.

Lisker: Good morning.

Dunning: During our first session we talked about your family background in Ireland, your childhood in Kilfinane, your early schooling, and your move to London to attend nursing school. We left off when you relocated to San Francisco in 1947, and you decided to apply to nursing school and were accepted into the first, or the new program at Kaiser the second year.

Today, I'd like to continue the story and focus on your three years at the Kaiser Nursing School. I want to hear as many details as you can recall. I do have some questions, but at first I'm going to start off with a real basic one: Why did you go back to nursing? Because I know you studied in London and left right before you finished for personal reasons.

Lisker: When I came to the United States I came with the idea that I would not go into nursing. Then I tried to think through what is it that I would like to do. At the time, I was living with my aunt in Livermore, and stayed with her for a couple of weeks, and then decided I needed to get some money, because I didn't have any money and I needed a job of some kind. I applied to a private psychiatric hospital in Livermore, and I got a job as an aide and was making—oh, I got room and board, and a uniform, I guess, one or two uniforms. I didn't buy any uniforms, I remember that. And eighty dollars a month. So at that point I was really wealthy, as far as I was concerned. Obviously, at the time that I applied and got the job, I was also thinking, "What else can I do?" It was still going on and I didn't know where to go, and my aunt couldn't tell me very much, because she was a nurse so she was saying, "Why don't you go back and continue with nursing, and you'll probably get credits for the time that you have spent in school at London."

Again, it's the factor of reality. I couldn't type. I didn't think I wanted to sit in an office all day. I liked being involved. As a student nurse I enjoyed that in London. I thought, "Well, this is it. Let me apply to the schools in the Bay Area."

My aunt recommended that I apply to Highland—she had graduated from Highland School of Nursing—and Providence, which was then open, and Merritt School of Nursing, and Kaiser. I applied to all four.

I was not accepted at Highland because I was not a citizen and they wouldn't even consider me at that point. I was accepted at Providence and at Merritt and at Kaiser. Kaiser won out because the other two—I think Providence charged $500 for a three-year program. Merritt was a little more upscale. I think their fee might have been $600 or $700. Well, I didn't have any money, didn't know enough to say, "Could I have a scholarship?" I didn't know the American culture or systems or anything. We had always paid for everything, as we never owed money in Ireland, and I didn't know

about having to pay back things after three years. I didn't know about scholarships, period. God, looking back!

Dunning: You were also, what? Twenty-one?

Lisker: I was twenty-one. I had to get a job. I had to do something. So Kaiser paid me—I got room and board, books and uniform, and for the first six months of nursing school—I mean, this is really what got me into Kaiser—got ten dollars a month. The second six months of the first year I got fifteen dollars a month, the second year twenty dollars a month, and the third year twenty-five dollars a month. And everything included: room, board, books, and uniform. [tape interruption]

Dunning: Do you recall the application process?

Lisker: I do. I remember filling out the application and then getting an interview with Dorothea Daniels. Dorothea was the director of nursing. No, she was an assistant at that point. The director was Clara Wangen. Dorothea interviewed me. She felt, at the time, that I probably would not get credit for the time I'd spent in London, but she would make inquiries with the Board of Registered Nursing in Sacramento.

The executive director of the Board of Nursing was a lady by the name of Mary Cameron. I went to Sacramento to meet with her and to talk about my curriculum and what I had done in London. At the time, it was during the war and just a little after the war. My nursing education in London was strong on practical and weak on theory. She felt that the board could not recognize any of the time that I had spent in nursing school in London. I thought, "Oh my God! I'm going to have to repeat this all again!" But at that time, I thought, "Okay, this is what I have to do." So Dorothea accepted me into the School of Nursing.

Dunning: So you had that interview before you were accepted?

Lisker: Yes. She accepted me, and I started with the rest of the students. I was twenty-one, and most of my classmates were seventeen, eighteen, nineteen. Actually, there was one classmate who was older than I; her name was Lillian Butler. But Lillian had been a teacher in the Vallejo school system, and decided at twenty—I think she was about twenty-six, decided she didn't want to be a teacher anymore and she wanted to go into nursing. So Lillian was really the oldest person in the class.

I was admitted in January of 1948.

Dunning: And that was the second class.

Lisker: That was the second class. The first class was admitted in September of 1947.

Dunning: So you didn't need to send for your records from the London school?

Lisker: I had my records. I had them with me. Then I did give them the names of the sister tutors that I had been involved with, but nothing happened, nothing worked.

Dunning: My suspicion is that they knew that you had some very good practical experience that was going to help you.

Lisker: I was very sure of myself in terms of practice, but I was not in terms of having blocks of anatomy and physiology and sociology, psychology, nutrition, microbiology. The one thing that I was lacking, which was required by the Board of Nurse Examiners at that time, is I had not had chemistry in high school. That became an addition to what I had to do in my first six months. As well as all the nursing and college courses that I had to take, I also had to take three units of chemistry with lab. I think I had totaled about twenty-two units that semester. There was some question of, "Are you going to be able to really do this?" I said, "You have to give me a chance." And I did it. I probably ended up with, I don't know, maybe an A-minus, B-plus average.

Dunning: The first term.

Lisker: For that term. That was the only college that we had then. Then we went into the nursing, the clinical, and the lectures of nursing from then on. That was the foundation of the nursing program.

Dunning: All right, so at the very beginning, those first months, you weren't in the hospital working, it was all class work.

Lisker: There was a nursing component to that, and there was clinical practice. That's when we learned how to bathe a patient, how to make a bed, how to give back rubs. We didn't administer medications during that first six months, and I'm talking about oral and/or injectables. But we did learn how to bathe patients, how to ambulate patients, so that we had a very, very good background on how to—I'm trying to remember if we were taught to communicate with patients, but that was sort of in conjunction with giving a bath, getting patients—turning patients, turning patients in bed, postoperative getting patients out of bed, assisting them with ambulation, bedpans, urinals, measuring input and output. I think these are important things; they still are.

Dunning: Very basic but essential.

Lisker: Then we had a beginning class in pharmacology, I remember, that particular time. That was measuring dosages; it was knowing what you were reading on a physician's order, and then administering the medications, and double checking with particular medications to be sure of the dose—you didn't give it independently, for example. If you're giving a patient an injection of insulin, you always checked the dosage with another nurse to be sure that you were giving the right amount. So we looked at the dosage, the method of administration, the action of the drug, and we verified to be sure that we were doing it correctly. If we gave narcotics the same applied: we had to take narcotics from the narcotic cupboard with another persons—we could not do it independently—to be sure that we had the right drug and that it was given at the right time, and that the dosage was correct. You had to sign for those. You still do that.

Dunning: That makes sense. And you do that with an RN?

Lisker: Yes. Somebody who was qualified to verify, or your instructor, one or the other, but you did not do it independently.

Dunning: All this practical experience was in the one main Kaiser hospital in Oakland?

Lisker: No, this is Vallejo. We spent our first six months in Vallejo. So from January to June we were in Vallejo, going to Vallejo Community College. That's where we got our classes in anatomy and physiology, sociology, psychology, microbiology, nutrition.

Dunning: You were a busy girl!

Lisker: I was going to school all day, five days a week, and going—oh, I had to take—that's the other thing I had to do: I also had to take American history because I didn't have that in school in Ireland. I never studied American history, so I had to take it when it was scheduled.

Dunning: Right, it was a requirement.

Lisker: Yes. So I had to have that and I had to have chemistry.

Dunning: What time did you get up in the morning, or did you just stay up all night?

Lisker: [laughs] No. I had fun. I had lots of fun.

Dunning: Do you remember your daily schedule at the beginning?

Lisker: [pause] I don't know. It seemed like I was at the college—I'm trying to remember. I think it was Mondays, Wednesdays, and Fridays at the college. But I had chemistry which I had to work in somehow, and the history class I had to take—when did I take that? I must have taken it in the evening to get that worked in. In between I studied. Some of the stuff that I'd had in England also helped, so it wasn't the terrible chore that it sounds like.

Dunning: You already knew how to bathe patients and make beds.

Lisker: I knew all of that, but my instructors at that time knew what my background was, but they also were very—they wanted to make sure that I really knew what I was doing.

Dunning: American-style.

Lisker: American-style. So I can remember Maxine Lueck who would really look at me as I was making the bed, and I had to get the corners just at the right angle. She would say, "Clair, what are you doing?" And I'm saying, "I'm putting it under. I'm folding it under." She said, "No, I want you to show me what I just taught you to do." So she kept on going at that until I really could do a mitered corner. I didn't do mitered corners very well. Maxine was my friend, she became my friend.

Dunning: There were how many students in this group?

Lisker: In my group there were thirty.

Dunning: Thirty students?

Lisker: Yes.

Dunning: From some photographs I've seen, it looked like it was a diverse group of students.

Lisker: Absolutely.

Dunning: Wasn't that unusual?

Lisker: Not at Kaiser.

Dunning: Kaiser actually recruited, or was it open to students of all backgrounds?

Lisker: They were open to students of all backgrounds. I don't remember hearing anything in terms of diversity, and I don't remember hearing anything in terms of equal opportunity. It was just students, young women who applied—we didn't have any men then—who applied, and had the requisite courses in high school, were admitted.

Indeed, my other—and this is not confirmed by anybody, it's just my observation, that at the time Kaiser was sort of a political albatross as far as the California Medical Association was concerned, and was having its own troubles in terms of getting patients and families to join the health plan. My feeling is that there were also nurses who probably would think twice about working at Kaiser, but I don't have any confirmation on that. I don't think you would just isolate the nursing school from what was going on from a social and political point of view in California at that time. I think it was anybody that applied had a good chance of being accepted irrespective of whether they were black or white or Asian. It didn't make any difference.

Dunning: Let me go back just a little bit. Before you applied to Kaiser, how much did you know about their system?

Lisker: I didn't know anything about it.

Dunning: You didn't know anything. You just knew they had a nursing school.

Lisker: That's correct.

Dunning: Did your aunt?

Lisker: No, it's just another nursing school.

Dunning: How did you find out that it was different than most systems?

Lisker: That was looking back. Looking back, but at that particular time, no.

Dunning: That wasn't part of your orientation or anything, where they said, "This is our program."

Lisker: No. I didn't think that because there was a diverse population, it was anything unusual. It was just these were all my classmates. That was the way I looked at it, and I've looked at it ever since, actually, with a little more, however, refining in terms of being sure that there was diversity, as I was a faculty person later on.

Dunning: It seemed to be a little more natural back then.

Lisker: It was. I don't want to jump ahead too much, but my first class that I taught, sixteen students.

Dunning: What year would this be?

Lisker: That was 1954. Now I'm talking 1948. We had black students, Asian students, students from the Philippines, from Samoa, white. We had Japanese, Chinese, you name it. That was just ordinary. Discrimination all came later, for me.

Dunning: It must have been a different experience for you coming from Ireland and then being—

Lisker: Coming from Ireland and then being in a school where the students challenged the teachers about what they were teaching for me was just—I can remember saying to my classmates, "You can't talk to the teacher like that." Looking back I'm thinking, "Boy, weren't they right on the ball." But this is the background I came from; you didn't challenge the nuns or the nursing instructor, the sister tutor. You just took their word that everything was gospel. Basically, you were going to do what they said you should do, because that was the "truth," in quotation marks.

Dunning: Do you think it had something to do with this postwar era, or the particular time?

Lisker: I'm not sure that Kaiser was having difficulty hiring nurses, but they certainly needed nurses. You must remember back then, student nurses staffed hospitals in terms of their education. They basically worked every shift, days, evenings, and nights, and took care of a full complement of patients.

Dunning: Almost from the start.

Lisker: Almost from the very beginning. I mean, a routine assignment might be six patients on the day shift for students. You could have some six to eight on the evening shift. At night you could have ten to twelve patients depending on the staffing, and maybe with an aide to help you, one aide for the entire floor—there wasn't one on every wing—for fifty-six patients.

Dunning: So it helped them economically?

Lisker: Absolutely. I think it was an economic issue that we had a School of Nursing. Again, Kaiser didn't charge. They gave a stipend to students. That might have been predicated on just the image of Kaiser in the community at that time. When I, in 1947 or '48, I'm trying to remember the numbers of health plan members we had at that point. I think right after the war it was about 11,000. Then, it gradually increased. I know the longshore union was very active in being sure that their members, when they negotiated, were with Kaiser. We had a lot of longshore people, because they also came from the shipyards. You see, the workers in the shipyards wanted to continue with the health plan that they had as workers during the war. Now they wanted their families included. I think the families—I don't think they paid very much a month.

Dunning: But it wasn't until after the war that Kaiser opened the plan up for the families.

Lisker: That's correct. But I'm talking about 1948, early '48. I was unaware of most of that. But I do remember also that Vallejo always had lots of patients, and Kaiser Oakland had lots of patients.

Dunning: It always seemed busy to you.

Lisker: It always was busy. In fact, sometimes we were so busy we would have patients out in the hallways, lined up, because we didn't have enough bed space in the patients' rooms. On each unit I think we had about four rooms that had—ostensibly they were built for two beds with a partition between, but we had a third bed in there. On the orthopedic ward it was impossible to walk around the beds because patients had all kinds of appliances. They would have fractured legs and arms, so it became almost a physical impossibility to push beds out of the way, and to screen patients and provide some privacy.

Dunning: That was probably really difficult.

Lisker: It was. But somehow we managed. The patients in the hall, we'd put a screen around them and give them a little hand bell to ring if they needed some help. We tried not to put unconscious patients in the hallway where they couldn't call for help. We put them where we could see them and watch them.

Dunning: Do you remember your first days at the hospital?

Lisker: I do. I remember particularly in Vallejo it was—I don't know if you know that the physical layout of Vallejo is long gone. The ward sort of went like this, and you had this long corridor, so there was a lot of walking to do. But it was always we had staff who were very helpful to the students. They loved having students, because it added to their complement of staff. We could take care of the patients. The staff were particularly helpful both in Oakland and in Vallejo. It was a really good experience, as I look back on it.

Dunning: Was there camaraderie among the students?

Lisker: Absolutely. The staff also would have a cake for birthdays for students. So we were included in the staff things, as well as in the academic, with the faculty. We had two teachers, Bea Benson and Maxine Lueck in Vallejo.

Dunning: So they got to know you pretty well.

Lisker: Yes, they got to know us very well. Then we lived in one of the dorms on campus that had been a Quonset hut at that time.

Dunning: The campus of the community college or of the hospital?

Lisker: Of the hospital. It was like a Quonset hut. We lived in that. We had a house mother, and we all had our own rooms, which was really fantastic. It was wonderful. So you really had privacy, but you could also study quietly.

When we got to Oakland, we had the old Piedmont Hotel, which was at 3451 Piedmont Avenue. That's where we lived. We lived there on the top floors. I think we had the top two floors and then it became three, then four. And then we had the whole hotel. But part of the hotel was occupied by patients who were in rehab. They had multiple sclerosis. I'm not sure it was called the Kabat-Kaiser at that time, and then patients were transferred to Vallejo. I'm not terribly sure about that. I don't know when, but we had patients who needed rehab in the hotel.

We also had space for psychologists in the hotel; their offices were there.

Dunning: Sounds like it was a bit of an overflow from the hospital. Isn't Herrick the rehab for Alta Bates? The Herrick campus?

Lisker: Yes, yes. But this was a different kind of rehab. These were patients who'd had strokes and patients who had MS long-term. These were patients that they felt could be rehabilitated or helped. Part of the rehab was initiated by Mr. Kaiser, whose son had MS. He had heard about Dr. Kabat, and brought him here. That's when they opened the Kabat-Kaiser Institute in Vallejo. I'm not sure of those dates, but I think Steve may very well have those dates that would be helpful. I'm not sure about Dr. Wiley's book on Kaiser, but I'd take a look and see if there's anything in there about the Kabat-Kaiser Institute. But we definitely had patients living at the Piedmont Hotel.

Dunning: On different floors from the student nurses.

Lisker: Yes. In fact, some of their relatives stayed with them also.

Dunning: Were they rooming in, or were they helping also?

Lisker: They were with their husband or wife who might have needed assistance.

Then we had Timothy O'Leary, had an office on the second floor or third floor of the School of Nursing.

[Tape 4, Side A]

Dunning: You were talking about Timothy O'Leary.

Lisker: He had an office on the second or third floor of the Kaiser School of Nursing, which was then the Piedmont Hotel. I'm not sure, at that time, whether he was advocating psychedelic drugs. I'm not sure.

Dunning: That's not Timothy Leary.

Lisker: Yes.

Dunning: Okay, there's no "O" at the beginning. Okay, Timothy Leary from Harvard.

Lisker: Yes.

Dunning: Oh, okay, really?

Lisker: Yes, he was on the staff.

Dunning: And this was in the late forties.

Lisker: This was, it could be late forties or early fifties.

Dunning: You didn't have any contact with him? I'm not going to ask you if you had any psychedelic drugs.

Lisker: [laughing] No, neither. Neither one nor the other.

Dunning: You probably didn't even notice him too much at that time.

Lisker: That's right.

Dunning: You mentioned, in Vallejo, that you were living in the Quonset hut and you had individual rooms. Did you have such privacy at the Piedmont Hotel?

Lisker: No. We all had double or triple rooms at the hotel. In fact, what we had, what we were sleeping on, were the bunks from the ships. So we had ships' bunks with the drawer underneath, and they were rather small rooms, but there were two of us, and we had a desk and a chair, each person, and a lamp, a place to put our books, and one small closet for all our clothes, one small closet, and a shower and a toilet. It was fine. We managed very well.

Dunning: You started there after approximately six months or one semester in Vallejo.

Lisker: Yes. Then I was at Kaiser Oakland until I finished my nursing career.

Dunning: Going back a little bit to your student days, did you make really good friends?

Lisker: Yes, all our classmates. I think just the fact that the ten of us who are still living had our fiftieth anniversary in September of 2001, where we were all just jabbering. We keep in contact with each other also. We were all there and relived our youth.

Dunning: I think you told me off tape the last time that fifteen students graduated.

Lisker: Yes. Four have died and one we lost. We can't find her. We don't know whether she's alive or dead. Believe it or not, we've lost one.

Dunning: The ten that are still living, do they live around here?

Lisker: No. Alabama, Washington State, Nevada, Oregon, and California. And we all get together. We have a luncheon once a year also for alumni. I will see some of my classmates at those luncheons also. I just got a letter from the one in Washington, said she would see me in April.

Dunning: Where's your alumni dinner in April?

Lisker: We'll have it at a hotel in Pleasanton. It's an easy one for them to get to. What is it called? I can't remember. This is what happens when you get old.

Dunning: That's okay. That's pretty amazing that you've kept contact through all those years. Did many of those nurses continue at Kaiser after their training?

Lisker: Most of them worked for a little while at Kaiser. One, Val Maisiel, who lives now in Roseville, Val worked in Oakland and in Walnut Creek for quite a while in the operating room of each. She was an OR nurse. Most of us worked for—we stayed at Kaiser. Diane Lafound actually didn't. She went to Long Beach. She joined the navy; she was a navy nurse. I know that Dorothea Daniels, who was the director then, was very upset that Diane left. Dorothea—I have to talk about Dorothea. She was certainly a wonderful lady, but she was a character.

Dunning: Is she deceased?

Lisker: Yes, unfortunately.

Dunning: This would be a good time, since she was one of your original teachers, tell me what you remember about her.

Lisker: She wasn't our teacher. She was the director of nursing then because Clara Wangen then left Oakland and Dorothea took over.

Dorothea had her doctorate in education, which she got from NYU in 1945. She was a tremendously powerful woman, intellectually. I don't ever remember seeing her sit down. She wore these white starched uniforms with a little pointy hat with a black band, a little pleated organdy cap on her head. She also was a good administrator. She actually became the first female administrator of a Kaiser facility. She was a good

organizer. I think her downfall was that she started telling physicians what to do, and they weren't too enamored of that.

Dunning: When did she become the first female administrator?

Lisker: In the early fifties.

Dunning: That was early.

Lisker: Absolutely, absolutely. She was paving the way for all of us. She was in San Francisco, and she was at Sunset in Los Angeles, two major facilities.

She also loved Pekinese dogs. She used to bring the dog—can you imagine this? She brought the dog to work with her every day, and the dog slept in a drawer in her desk. I mean, a dog in the hospital! I don't know where the Department of Public Health was at that point. She walked the dog—two or three times a day, she'd take the dog on the leash and just walk around the block.

Dunning: Would she go around to the patients, go to see the patients?

Lisker: No. Well, she made rounds to the patients, but not with the dog. The dog stayed in her office.

Dunning: Because now they will bring animals in for therapy.

Lisker: That's different.

Dunning: She liked her dog.

Lisker: She loved her dog. Fluffy was the dog's name. She brought her assistant with her when she came from the East Coast whose name was Gladys Gammell. She and Gladys worked together. They also lived at the Piedmont Hotel. They had a suite of two rooms and a private entryway. She didn't learn to fly. The other person did learn to fly, or she was a pilot. One of the nursing administrators at Kaiser was a pilot. Dorothea was a very, very bright lady.

She also intimidated a lot of people. I can remember a number of my classmates and I got hepatitis, and I'm sure we got it because—it was hepatitis C, I guess. It was not the terribly bad hepatitis, but bad enough. One of the symptoms that we all had was we became jaundiced, and/or became very, very tired without becoming jaundiced, because the liver wasn't functioning properly. Many of us hesitated to go and see Dorothea to tell her we weren't feeling well because before we could see a physician we had to go and see her.

I can remember just getting on duty in the morning and just feeling absolutely worn out. I couldn't lift my hand. I'd go into the linen closet and sit. I took a stool to sit in the linen closet. Finally, somebody said to me, "Clair, your eyeballs are yellow. You better go see a doctor." Well, I had hepatitis, and saw Dorothea. At that point, she

became very antsy and anxious to be sure that I was okay. I was hospitalized for a month.

Dunning: This was during your training?

Lisker: Yes. And of course I had to make that up at the end, because you had to provide the state with the numbers of hours of classes and clinical, and I missed out on clinical and classes for six weeks total.

Dunning: Do you know how you got it?

Lisker: Whether I got it from a patient or whether I got it from one of my classmates, because seven of us actually in my class became ill.

Dunning: That's a lot!

Lisker: Yes, it was an epidemic, but everybody recovered. Of course then no alcohol. You couldn't drink a beer or a glass of wine.

Dunning: I was going to ask you about the rules and regulations of your staying at the hotel.

Lisker: We had to be in by 10:00 at night. We could get a pass on weekends for 11:00, but that was the limit. I don't think we could be out after midnight at all, ever.

Dunning: When you went out, did you mostly go out with the other women?

Lisker: Yes. We'd walk to the library on Piedmont Avenue, which was really just a nice walk up the street. Or we'd walk to the Paramount to a movie. We'd walk downtown because Capwell's department store was close by. We did a lot of walking. But then taking the bus was only five cents or ten cents; it was very cheap. It might have been five cents, might have been a nickel. I can't remember back that far. [laughs]

Dunning: What was your social life? Was your social life among the other nurses mostly?

Lisker: Yes. We'd have dances on campus at Cal with some of the fraternities. Actually, some of my classmates married Cal guys.

Dunning: That they met at the dances?

Lisker: That they met at the dances. I wasn't—I don't know quite what. I can't say I was really into it, because I thought that there was—I thought there was an immaturity—I felt I was more mature than the American young women, that this was not my thing. Well, I didn't like beer and I didn't drink beer.

We went to a few dances, and we got to know a lot of the football players when Pappy Waldorf was the coach of the Cal Bears. I know Jack Ralston was—he married one of my classmates, and Jack was on the Cal team at that time. Then he became a coach at

Stanford and San Jose State. He was also with one of the big teams, but I can't remember which one it was.

Then Marian Smith married one of the interns at the hospital, Joe Traub. Val met Dick—well, she met him—Val Maisiel, Val Babb Maisiel. She met her husband at one of the dances, I think. He was from Cal. He ended up as the vice president for Standard Oil. Doing what, I have no idea. But Val Maisiel, Marian Smith Traub, Diane Lafound. I'm trying to think of other people. Oh, Dorothy Karger, and I. We more or less palled around together.

Dunning: Those were your buddies.

Lisker: They were my buddies. I'm still friendly with them. We're still sort of—except for Marian, who died. The other four are close.

Dunning: Did you find, because I've always heard that the thing that men want are nurses. Is that a myth?

Lisker: It's a myth. It's like everything else: it starts as a rumor. They were nice young guys. They were lots of fun. I'm sure that there was some sex involved; that is inevitable. I don't know, I sort of grew up in a—I think of it as a puritanical kind of background.

Dunning: Right, well, you came from—even though you said your mother was an irreverent Catholic, you still came from a Catholic background and had twelve years in a Catholic school.

Lisker: That can damage you for life. [laughs]

I basically didn't have "boyfriends." There was one, a medical student at UC, Al McNee, and I met Al, I met him at one of the dances on campus. He graduated from UCSF. There was one other young man, I can't remember his name—O'Frost. What was O'Frost's first name? He was dating one of my classmates, so we'd go out as a foursome. Again, they didn't have cars. How did we get around? Well, we took the Key System train, because that was going across the bridge at that time. So we'd end up in Chinatown, having a cheap meal, and walking around mostly.

Dunning: Did you like the Bay Area?

Lisker: Look, I loved it.

Dunning: Right from the beginning?

Lisker: Right from the very beginning. I had two aunts, I mentioned. The other one lived in San Francisco on Clement. We would take the tram, I guess it was then, to Ocean Beach, and just walk along and go up to Lincoln Park. It was absolutely gorgeous. Here I am in September, this beautiful sun, and the temperatures in the seventies in San Francisco. I go to Livermore, it's in the nineties. That about did me off. But I just

absolutely loved it. There was no rain. It was nothing like I had ever experienced in my life.

Dunning: I remember the last interview you spoke a lot about the bleakness of your village in Ireland, just the weather.

Lisker: The weather, but it was also bleak, it was on top of a hill, and it was a tiny little village. There were lots of ruts in the road because it wasn't well repaired. Sidewalks that were not well repaired. Coming to this country, it was nirvana. It was absolutely the most wonderful thing that has ever happened to me. Going back and coming—flying home and coming back here again, and flying in over the Bay Area. It's always 3:00 in the afternoon. We leave at 1:00 from London and we arrive in San Francisco at 3:00 in the afternoon. You're riding in in this glorious weather with panorama, I mean what more could anybody want? And the more you live here, the more beautiful it becomes, really. You know, just going up to Tilden, going up to Redwood Park, going for a walk down by the water. It's beautiful! How anybody could live anyplace else I don't know, but we don't want too many people here.

Dunning: During the last interview, you still referred to Ireland as your home, but it sounds like you've never really considered seriously returning.

Lisker: I did. When I went back after I graduated from nursing school, about two years after I graduated I went back to where I lived. So I'd been here five years. At that time, before I left I wasn't quite sure whether I'd come back again. Well, all I needed, actually, was one week in Ireland, and that did it. I said, "No way will I ever live here again, ever, ever, ever." And I came back after six weeks.

Dunning: Was it the poverty, the bleakness?

Lisker: It was everything. It was the rain. It was the mist. It was the poverty. At that point, my parents were living in Waterford. But it was just—it wasn't what I wanted. I can't tell you exactly. I can't put my finger on it. There was something about just being here that I never wanted to leave. I wanted to come back here. I'm really glad I did.

Dunning: Did your parents support that or was it very difficult?

Lisker: Well, it was always difficult when I left. But they supported it. Then my sister came in '51.

Dunning: What is your sister's name?

Lisker: Martha. She lives in Kensington. She came in '51. Then, what we did was we brought Mom. Dad wouldn't come, but Mom came a few times. So she came and visited with us. At that time, my brother was living in Canada. One brother was still at home, but Tom was living in [Nanaimo] in Vancouver Island. When our children were very little Mom came also to visit, and we would go to Ireland. Then Tom went back after my father died. He went back to live in Ireland with his wife.

Basically, we said to Mom, "When Dad dies, you can come. We'll have you come." So we paid her fare and sent her money and did what we had to do as daughters—took care of her basically, in terms of money, and that she was comfortable, had what she needed. We did that until she died. As I said, my sister and I would go back or she would come visit with us.

Dunning: So you definitely kept the strong connection.

Lisker: Yes. I still go back to the village when I go home, and see old classmates—they're mostly men now, but they were in the boys' school and I was in the girls' school—that are still living.

The last time I went, we didn't go to the village. We just stayed in Cork with my brother. Probably we're planning a trip in September, August or September. So I'll probably end up in Ireland, going back to the village for a while, but basically we'll be mostly in England. We're thinking about taking the QE II from New York to Southhampton. Fred's doing the planning at the moment. So we'll be back there sometime this year. We want to keep on the move. [laughs]

Dunning: Absolutely. Well, you might as well.

Lisker: I just would not live in Ireland. That first visit, that really did it. It must have been '52, end of '52, I guess. I had enough money to go home at that point.

Dunning: It sounds also like your life here was so busy and satisfying, and you liked the environment.

Lisker: I just loved it. I had good friends that I liked being with. I enjoyed my work. Basically, at that point, after I graduated, I was working as a staff nurse on the medical board. I liked the physicians that I worked with; I liked the colleagues in the clinical division. Dorothea was still around and she was encouraging me to go—well, actually she did that during my senior year as a student, to go and enroll at Holy Names College in Oakland, which was then down by the lake where the Kaiser building is now.

She prevailed upon me to get enrolled in some classes at Holy Names so that I could get a bachelor of science in nursing. I told her, at that point—this was my senior year. It costs ten dollars a unit at that point to enroll in Holy Names for a class, and she wanted me to get the basics, like English 1A and 1B, and whatever else I needed, philosophy. These kinds of basic courses that you had to take—needed in a university. I basically said, "I can't afford it. I just don't have thirty dollars, and then I have nothing to live on, to go to the movies, or whatever. Or buy a pair a socks, or stockings, or shoes." She said, "Well, what I'll do then is I'll pay your fee, and I will get reimbursed. I'll take five dollars out of your allowance every month," or your stipend, I guess they called it. I can't remember that ever happening, to be honest. So whether she wrote a check out of her own pocket I don't know, I still don't know. All I know is, she encouraged me to go start back to school, and worked on my clinical schedule so I could take classes at Holy Names.

Dunning: You were starting on your BA while you were still in your senior year of nursing school.

Lisker: That's correct, helped by Dorothea.

Dunning: Did she help other students as well, or did she just see you—?

Lisker: I don't know. Nobody in my classes told me that they did. I actually was the only person who was going to college, and she was the person who said, "I want you to do this. You can do this. You should be doing it."

Dunning: Well, she saw something in you.

Lisker: Possibly. Anyway, I did it. Then what happened, I enrolled at Holy Names and I'd been there for a semester. One of the nuns called me into her office and said, "Clair, we'd like to give you a scholarship." I said, "Why?" "Well, because you're a nice Irish girl." Can you believe it? I got a scholarship to Holy Names on that basis. That is true.

Dunning: You must have been flabbergasted.

Lisker: Nobody had ever said to me, "We'll give you a scholarship."

Dunning: Because you're Irish, or whatever.

Lisker: Yes, whatever.

Dunning: Because it wasn't something you applied for.

Lisker: I didn't apply for it. They just told me, "You can come to class."

I did that for two years at Holy Names. I think—no, I wasn't married at that point.

Dunning: Okay, so you had your senior year at Kaiser and then the next year you were still at Holy Names while you were working.

Lisker: Yes, I was always working, never stopped. I had to pay room and board, living with two classmates. [laughs]

At that point, after the second year at Holy Names, I transferred to San Francisco State, and I got my bachelor of science in nursing from San Francisco State in 1955.

Dunning: Why did you make that transfer, do you remember?

Lisker: Because Holy Names didn't have a nursing program.

Dunning: So you would have just had your BA in science rather than nursing?

Lisker: Yes. And I wanted it in nursing, and San Francisco State had that program at that time, so that's why I got in there. I think I paid twenty-five dollars a semester, something like that. I know Cal was thirty-five dollars when I was there on the campus at Berkeley after San Francisco State.

During that time, I was a staff nurse on the medical ward. Then, Dorothea suggested—actually, what Dorothea suggested, you did.

Dunning: Because she was strong, or because you trusted her judgment?

Lisker: Because she was so strong. You just didn't argue with Dorothea. If this is what she felt she wanted you to do, that's what you did. I'm talking about the early fifties here. She wanted me to become an assistant instructor in the school. This is when I started teaching students how to make beds, the things that I was taught four years before I'm now doing.

This is where she had Mary Cameron, executive director of the State Board of Nursing. She must have been visiting regarding accreditation of the School of Nursing. I can remember that I was teaching students how to change dressings to patients and to maintain sterility. The next thing I know is Dorothea and Miss Cameron are in my classroom sitting, listening. I thought, "I am going to die." I had no indication that they were going to come to the classroom.

At that time, also, I'm just trying to think, am I missing anything as a student? I don't think I am, for the three years. Other than the hepatitis which confined me to bed for so long, I think that the rest of my program was pretty clearly outlined.

The one thing I do need to mention, however, is when staff called in sick—RNs, or other staff—called in sick and one clinical division didn't have enough staff, students were just floated around. Even though when I look on my transcript I can see that I spent X number of hours on the medical division, X number of hours in pediatrics, but if they needed somebody in the emergency room because they were short of staff, you could be floated there and that didn't show up.

Dunning: That was kind of an informal system?

Lisker: Yes, it was not part of what we were supposed to be rotating. Well, she would always say, "Rotated and observed," or something. I'm not quite sure what she said. But you could be floated. Then we staffed the PM shift and the night shift.

Dunning: With RNs also?

Lisker: There was an RN, but then there might be three or four students. So we were doing the basic care for the patients under very limited, if no, supervision. Those were the days when we were on duty forty hours a week. We had class maybe for an hour or two a day, but it was—

[Tape 4, Side B]

Dunning: Did you feel prepared when you were sent down to the emergency room?

Lisker: No, no.

Dunning: How did you handle that?

Lisker: Mostly saying to the RNs who were there, "What is it you want me to do?" They would direct you to go in and put that dressing on a patient. By then we'd had sterile techniques, so we knew how to put a dressing on a patient, or to observe patients in the observation room, and to take their blood pressure, and to be sure that their IVs were running correctly. So we were basically observing patients, but not really in the trauma room. I mean that was crazy. But we were providing backup to the RNs more than really independently making observations and decisions related to what was wrong with a patient. A patient coming in with chest pain, I mean you're not going to fool around with a student; you're going to have an RN taking care of that patient.

Dunning: What was your relationship with the physicians at that time?

Lisker: The relationship with the physicians was always a welcoming, very good relationship, because a lot of them gave us lectures. We had lectures from the physicians.

Dunning: So you knew many of them?

Lisker: We knew all of them. Particularly the residents, because they were there all the time, just like we were. They would teach us how to take—they would teach us about the anatomy of the liver and what was wrong with the patient, the kidneys. We went through all the systems with them so that it helped with our anatomy and physiology, so we could add on to that information. We could ask them questions, and we felt very, very comfortable. Telling us why this is related to that, explain it to me. So the issue of critical thinking was something, I think, that went along with the curriculum, as a student and as a graduate nurse. I felt very comfortable asking questions and getting answers. I don't remember anybody saying, "Don't bother me with that." I don't remember that at all.

So we worked very closely together, with all the staff. With the nurses' aides, with the clerks, with the various departments, with the lab, x-ray, social service. Because of all the other things that were bearing in on Kaiser, I think it sort of glued us all together.

Dunning: All the other things in—you mean from the outside?

Lisker: When you picked up the paper and you read the *Oakland Tribune*, there was always something negative about Kaiser. I think it gave us a feeling that we had to stick together.

The other thing was we knew the patients were getting good care, so it was that combination too that played into it. I don't think you can isolate that from everything that has gone on.

Dunning: So there was more solidarity, maybe.

Lisker: It was tremendous. It was tremendous.

Dunning: Looking back, did you really think about why Kaiser was being criticized by the AMA?

Lisker: Well, it began to—you had to be deaf, dumb, and blind. If you picked up the *Tribune* and you saw them railing against socialized medicine, it was just—this is crazy. It's crazy.

Dunning: I had asked you earlier when you started at Kaiser, did you have any idea of that prepaid program, but it sounds like by the end of nursing school, you knew what was happening.

Lisker: Absolutely. Here we had patients who the doctors never asked about paying anything, they all got very good care. We also basically got very good care as students. People were watching over us when Dorothea was telling us we couldn't go and see a doctor, we weren't sick. You had to go in with a temperature or yellow eyeballs, [laughter] or a really runny nose. She was a character. At the time, some of it didn't seem so funny, but looking back on it, she just didn't want you not taking care of patients; she needed everybody that she had. I diverted. You were asking me again, what was it?

Dunning: I was asking you when did it occur to you—when did you really learn about the prepaid program, and you said because the doctors—you never heard anybody collecting money, or asking.

Lisker: No, or asking patients a dollar a visit or something. I'm not even sure it was that. Fifty cents? Who knows. Nobody was asked when they came into the hospital, "Can you pay?" because everybody's a member. They were just members and they had paid their dues and you took care of them. It didn't matter whether they were professors from campus or longshoremen or people who didn't have a job. They were members of Kaiser so they were paying their dues and they got care.

Dunning: Would you talk a little bit about your patients? It seems like the shipyard population from what I've read about and know from interviewing, some of them who worked in the shipyards weren't the healthiest. In fact, there was some quote in that film, "The shipyard workers were a walking pathological museum."

Lisker: That's from Dr. Cutting. That was one of his speeches, one of his talks.

Dunning: Then you saw shipyard workers and their families. Did you find certain medical things, situations? Were they really in bad shape?

Lisker: Not the patients that we saw, because this was '48, '49. But we had a lot of patients with high blood pressure. Patients were dying from hypertension, and a lot of them were black patients. The patients that I remember—then you found patients who had mitral stenosis because as kids they had a strep infection and it infected the heart. So you got patients in congestive failure. You had patients with strokes, lots of patients. Patients with heart attacks. I'm trying to think back on the incidence of some of those. I can remember seeing a lot of black patients with hypertension in the hospital and dying.

Dunning: Did the doctors try to figure out why that was happening? Do you know why?

Lisker: Well, I can remember just reading about high incidence in blacks for hypertension and not knowing the reasons why. It's a silent killer; patients don't have any symptoms until they had a stroke. So we used to see a lot of strokes, which we don't see very much of anymore. Patients, I think, are maybe not even hospitalized for strokes if they're mild. If they're massive, the patients may very well die. If they're in between, you may have one side of the body paralyzed, and then the rehab begins. We kept patients in the hospital for a relatively long time doing physical therapy, particularly if they were stroke patients. But I don't remember thinking that these were patients who worked in the shipyards, because that point was behind us, the shipyards were closed, and now we were getting the patients who had worked in the shipyards, but were now working some—like they were longshoremen.

Dunning: Right, or they are permanent residents.

Lisker: That's right. So I can't tell you that. The one thing I do remember, however, is that—I think it was John L. Lewis who headed up the mine workers, and Kaiser must have negotiated to bring some of the very badly injured miners to the rehab center in Vallejo. Many of them stopped off first at Kaiser Oakland. We had some patients that—a couple of them died because they were so ill. We had patients with massive bed sores, that I can still see, from the back of their heads down to their heels. They had ankles that—their feet—had dropped foot. They couldn't pull their foot like this.

Dunning: Because they were so swollen?

Lisker: No, because they had a spinal injury. When they were ill back there they didn't assure that their foot wouldn't fall down because the muscles pull so that they couldn't walk. Even if you tried to get them up, you couldn't get them walking. Cachetic, just like skeletons, poorly nourished, with arthritis that they were like in the fetal position.

Dunning: And these were the miners?

Lisker: These were the miners. Most of them were either paraplegics or quadriplegics. The quads usually had the massive bed sores, all infected.

Dunning: They must have been in terrible shape to be chosen to come. Many of them probably died.

Lisker: They died.

Dunning: And these were mine workers.

Lisker: Yes, that had been injured in the mines.

Dunning: And you saw this in nursing school?

Lisker: I saw this—was I student then? I think I might have been a student at that time. I've never seen anything like it since.

Dunning: Was it a large group of people that came?

Lisker: I think about thirty total, but we didn't have thirty in Oakland. We may have had ten and the rest went to Vallejo. One of the miners who was injured was a man by the name of Harold Wilson. I think I talked about him in my tape. He married one of the Kaiser students, and he was responsible for the BART access for disabled. That was very important.

Dunning: Did he recover?

Lisker: No, no, he was disabled. He was in a wheelchair. His spine had been injured. He wasn't a quad; his hands were fine. He was in a wheelchair because he couldn't walk. He had been at rehab in Vallejo, and was responsible for being sure that people had access to public transportation, and did it nationally, as well as California, the Bay Area, but started off with BART. His wife lives in Walnut Creek. She's a Kaiser grad. Pat Wilson.

Dunning: When you talked about the hypertension in the black patients, was there a certain age? I'm also wondering about the age of the miners. Was there a range?

Lisker: The miners were relatively young. The black patients with hypertension, with severe malignant hypertension, were all young; they were in their forties, fifties. They weren't old people. That was the tragedy.

Dunning: More recently you hear about African Americans being more prone to hypertension, so there's more screening.

Lisker: The screening is going on, the treatment is there, so that the modalities of care for patients has improved so that the incidence of death has decreased, mortality has decreased. It's still a black issue. I'm sure they'll find out what the gene is, I hope, that's causing it, because it's mostly in young people. The same, you know, hopefully they'll find out what causes diabetes in young people.

Dunning: Were there other conditions that you saw quite a bit of in nursing school?

Lisker: Cancer was still a major cause of death. Strokes. Let's see. Oh, we used to have a lot of bleeding ulcers. You don't see too much of that anymore because—. Well, we had a

lot of alcoholics, and they have esophagial varicies, severe hemorrhaging. There were, thinking back, a lot of alcoholics.

Dunning: Did you see many people with lung problems from asbestos?

Lisker: No, not too many. Smoking, yes. But we didn't connect it to smoking at that time.

Dunning: Probably with the asbestos people didn't take note for several decades.

Lisker: Not at that time. You didn't talk—there was some discussion, but the silica, with the coal miners, was sort of an eye-opener, because a lot of them also had problems with breathing, emphysema.

Dunning: So you saw emphysema?

Lisker: Yes.

Dunning: That's still going on.

Lisker: That's not going to change. As long as people keep on smoking it's going to continue. And there isn't much that can be done about it, unfortunately. You've got to stop smoking. It's a really horrible thing.

Dunning: Was there much health education for the patients from the beginning?

Lisker: Yes. We've always tried to prevent patients from becoming ill. It was part of the founding of the organization. Preventive care was always in our minds. It was part of teaching the patients how to stay well. It was done formally; it was done informally. The advice nurses were always giving "advice" to patients.

Dunning: Although the official system didn't come out until much later, did it?

Lisker: Not officially, but we were always giving advice, and it was really how to take care of yourself: Don't do this again, or this will impair your activities in some way, shape, or form.

Dunning: And you would do this sort of like a—

Lisker: And teaching the students. That was part of our curriculum, was preventive care for patients: What is it you're going to tell the patient before they go home?

What we didn't have was the appropriate kind of follow-up for patients that we now have. We have better systems now that we can track patients and what they need in the way of help. I'm talking about education. We have a fabulous patient education department at Kaiser Oakland. Lots of things: exercise, stress reduction, diabetic—if patients have diabetes, about weight reduction. And all the books that go along with it in the library.

Dunning: I was looking up Kaiser at the library the other day, at my local library, and there were just a whole stack of videos.

Lisker: All kinds of videos that you can just take out. Take them home and just—. "How to Examine Your Breasts." There's lots of stuff, lots of stuff.

Dunning: And you saw the beginning of that on an informal, more verbal, basis.

Lisker: Yes. We also had in Oakland an audio-visual system of a man and woman which are now someplace at UC Berkeley, which would light up for the various organs. They had pictures of the lungs that were full of just black from smoking. You had the pregnant mom and the growth of the baby, and you had all of these pictures. You pressed the buttons so you could see the circulatory system, you could see the kidneys working, the lungs blowing in and out, the brain. It had everything.

Dunning: Would you use this for students or with your patients?

Lisker: This was for patients. It was an exhibit for patients. We had patient education.

Dunning: Right at the hospital?

Lisker: In the hospital.

Dunning: In the lobby?

Lisker: Part of it was in the lobby. The man and woman were in the lobby. Then you had other parts. We had a little education center where they could go. The students were—they were always introduced to it, and we'd spend time with them going over the man and woman and looking at what happens when you smoke and when you do this and do that.

Dunning: Then you can direct a patient there?

Lisker: Yes. I wish we had it still, but we don't.

Dunning: It's in the basement where?

Lisker: In UC. Someplace at UC. It was donated to UC Berkeley. I don't know where it is. It's up there somewhere. It might be—I'll tell you where it is: it's at the Lawrence Hall of Science. It's up there. I think UC figured it would be too expensive to get it all going again.

Dunning: And did they get it going?

Lisker: I'm not sure.

Dunning: I'll have to check on that.

Do you feel the nurses—it was easier for them to give the advice and to ask more questions than the physicians? Or do you think the physicians did that right from the beginning, too?

Lisker: You have to remember too that back then patients were in the hospital for quite a while, so the nurses had more of an opportunity to work with the patient. They'd be in for two weeks. If the patients had cataract surgery they were on their backs for two weeks with pillows on either side, sandbags on either side of their heads so they wouldn't move their eyes. What happens in those patients is some of them got really squirrelly lying back on their—

Dunning: I'll bet.

Lisker: Some of them couldn't handle it. Looking back, I wonder, did they need to have their head just like that for a couple of weeks post-op? I mean, if you'd lie in one spot for an hour, how tired would you get? We weren't thinking too clearly then, but I guess the physicians said the patients cannot move. That was doctor's orders. I remind my ophthalmologist about that every so often. Gosh. But we could. We had the time to teach the patients.

Dunning: That's an important point.

Lisker: Yes. We really had the time, and we could work with the patients, and we could talk to the family. The visitors would come and we could talk to them also about the patient who had the heart attack or the patient who had the bleeding ulcer. Talk about their diet and antacids. Couldn't do too much with patients who were alcoholics. It was difficult to teach patients not to drink. You can convince them that they're killing themselves, but—.

Dunning: It seems like you also were doing a bit of social work, and social work/education, with the families there.

Lisker: It wouldn't be a formal bring-them-in. They'd be there, so it was an informal kind of thing. The social service had their own responsibilities in terms of discharge planning. The nurses weren't doing very much in the way of ensuring the patients had what they needed. We did some of it.

As I think back now, social service got involved with that quite a lot, when patients needed help at home and how that could be provided for them, and to be sure that the family was coping. But I think some of that's been integrated into nursing education. We didn't separate stuff out as much as it's been separated out, where there was a real division in terms of what your duties were and what you were responsible for. I think holistically, we felt we had to let the patients know what to do and how to do, but then the jobs became really segregated: you're stepping over the boundaries here. We didn't think too much of that in those days, or if we did, we would do it jointly, saying, "Could you help with this?" Physicians would write orders for social service intervention or for discharge planning or to help the family. But teaching patients how to take care of themselves so it didn't happen again was almost second nature. You

sort of did that with taking care of patients, the same patients for a week at a time or two weeks. It was part of what you did.

Dunning: It sounds more natural.

Lisker: It was.

Dunning: And holistic, as you said. Well, were some patients, you were pretty happy for them to leave? You had some ornery patients?

Lisker: We've always had ornery patients. We had patients who said, "I don't want to be in that room with that Nigger." Usually we would tell him that this is the only bed we have. Then they'd want to see Dorothea or the director of nursing. She would say to them, "This is it."

Dunning: Right, this is a public hospital.

Lisker: That's right. "This is the care. We provide this care. We don't segregate patients." So never—from the get-go, that never happened at Kaiser, never. Looking back, it's fabulous, just fabulous. This is fifty years ago, for heaven's sakes. It didn't become an issue.

During the fifties we had the McCarthy period. We had one resident who was black. He was our first black resident. He graduated from UC San Francisco. When he applied for admission, he didn't submit a picture, and he was accepted. When he came in, he was obviously black. I think, if I'm not mistaken, he was—oh, then the issue of the loyalty oath was at that time also. I guess that somebody called in saying he was a Communist. Kaiser called him in and I guess asked him. He probably said, "It's not your business." I'm not sure, but something went on, and he was asked to leave. The NAACP got involved, and he did not leave. He stayed and finished his residency—no, maybe he was an intern. I'm not sure. But he finished his year at Kaiser. He later became a psychiatrist and actually lives in Berkeley.

Dunning: Do you recall his name?

Lisker: [pause] I want to say [Wendell] Lipscomb, but I have to get the correct spelling. But he lives in Berkeley. Actually, he went into world health, after he finished his residency, and then became a psychiatrist.

Dunning: I think I'm just about to finish this tape, and it's going on noonish. So I think I'll stop for today and we'll pick up the next time.

Lisker: I hope it's not boring.

Dunning: Not even a little bit.

[Interview 3: February 13, 2002] [Tape 5, Side A]

Dunning: Good morning. Before we go into the 1950s, I wanted to ask you about the origin of the School of Nursing. You said you had some extra material on that.

Lisker: Yes. I really would like to talk about that because I think it will fill everything out. In 1944, Dr. Garfield, Sidney Garfield, he wrote to the California Board of Nurse Examiners—this was in 1944—requesting that the Permanente Foundation Hospital in Oakland and the Permanente Field Hospital in Richmond establish a three-year diploma program.

During the negotiations for the school, the board asked whether Permanente would share their facilities for students enrolled in their senior year of the Nursing Cadet Corps, because this was right after the war and—1945, though the war was still going on and they needed nurses. Then, from 1944-46, students from the Cadet Corps used the Oakland facility for clinical practice.

By June of 1947, the Board of Nurse Examiners approved the Permanente Foundation Hospital in Oakland for the establishment of the School of Nursing. So it was only approved in Oakland, even though initially Dr. Garfield had requested the Richmond Field Hospital also participate. At that time, when it was approved, the board of trustees were responsible for overseeing the school, so that Dr. Garfield had control of the school with the director of nursing, who was, at that time, a lady by the name of Miss Weyland. At that time also the faculty at the School of Nursing had dual roles: they were responsible for nursing education, and they were also responsible for nursing service.

Dunning: They taught and ran the hospital.

Lisker: That's correct, yes. And they were supervisors of various clinical divisions like Department of Medicine, Surgery, Orthopedics, OB, Pediatrics. They also had an integral responsibility for teaching classes for the students.

I did mention last time, I think, that initially the students spent their first six months at Vallejo, Kaiser Vallejo Hospital, so I really don't need to go into that again.

Dunning: No, you went into that pretty clearly.

Lisker: Yes, but I wanted to be sure that we got the origins of the school in also.

Dunning: That's it? Okay, and if there's anything else that comes to your mind, we can add it.

Lisker: What I should mention also, before we go on, is that the monies that were provided for the school were provided by the Permanente Foundation Hospital, the health plan, and the Kaiser family.

Dunning: Okay, so the three.

Lisker: The three entities were responsible for supporting the school.

[tape interruption]

Dunning: We're going to move on now into talking about your work in the fifties. You graduated from nursing school in 1951, and you were still talking classes at Holy Names College. What was your first job at Kaiser following graduation?

Lisker: My first job was as a staff nurse on the medical ward. I worked the day shift. No, I think I worked on the night shift for a while and then I got onto the day shift. That was really the beginning of what I really wanted to do. I enjoyed taking care of patients with medical problems because it required a great deal of critical thinking, which I enjoyed. You had to be sure that you knew what the patient's medical history was, including past medical history, and the treatments that the physicians had prescribed for the patient, and then on admission to the facility dependent upon the diagnosis, then you made a patient-care plan to really outline what you were going to do and the observations you were going to make in relation to caring for that patient, and to be sure you had your facts correct so that if there was a problem you could communicate with the physician caring for that patient or who was that patient's doctor.

Basically, even at that point in time, we worked as a team.

Dunning: You and another nurse?

Lisker: No, we had an LVN, we might have had nursing attendants and other students. The students were working also while getting their education. I was a staff nurse, I think, for about two years. It might not have been two years altogether, because in between I would assist the students and teach them how to do procedures and to evaluate their patients.

Dunning: Procedures like dressings and meds?

Lisker: Like sterile dressings, administration of medications, again ambulating patients, turning patients, patient nutrition issues. Patients with particular diagnoses like diabetes, to be sure that you monitored insulin administration, that the diet was appropriate and that the documentation related to that patient's diet was in the patient's record so that the physician could pick it up and know where to go from there, as well as what the patient's blood sugar was, and at that time we were testing urine.

Dunning: Did you feel prepared? You had some nursing training in London and then you graduated from nursing school. Was it scary for you when you were a nurse or was it very familiar?

Lisker: No, my background in London was just absolutely great because I had the practical, as I had mentioned earlier, but I didn't have the theory to go with it. Here I could put them both together. I basically felt that my education at Kaiser was superb, so that I could combine them. I had mentioned also that I was older than most of the students,

because when I graduated I was twenty-four. My goodness, I was an old lady. My colleagues were twenty or twenty-one. So that I had those years of experience that I had in London I could really take with me. So I really, even though I spent so much time as a student, it benefited me in the long run.

Dunning: Did you just assume you were going to work at Kaiser when you finished school?

Lisker: Yes. I didn't apply for a job anyplace else, and I think at the time—I'm not sure that Dorothea Daniels, who was then the nursing administrator, she encouraged us to work at Kaiser, to stay when we graduated, but you didn't feel pressure to stay. It was just a nice place to be, and I was comfortable. I was comfortable with my colleagues, I was comfortable with the physicians. We had a good relationship, and I think that was very important.

The three years as a student were also rewarding in that I enjoyed my classmates. We had a relatively "good social life." We didn't have money to spend, so we all felt rich in many ways other than monetary, and we got along well together. It was really—I'm getting weepy. [pause] [tape interruption]

Dunning: Did many of the other fellow graduates also take jobs at Kaiser?

Lisker: I think about 75 percent, so that it was a good investment for Kaiser basically in terms of them insuring that they had more graduate nurses than they'd had previously. Some stayed for a short while and some stayed for quite a long while.

Dunning: What was the situation with the nursing shortage at that time? Were nurses plentiful, or—?

Lisker: In 194—?

Dunning: When you graduated.

Lisker: '51. No, they were not. Most of the care at that time was being given by the students. They basically supplemented the staffing in the hospital.

Dunning: The students?

Lisker: The students. At anytime we might have—let's see, when my class started we had thirty, so then you had the other class that came in half way through the year, so you'd have another thirty, so it's an additional sixty. Then, as the three-year program progressed, some students fell out. So we basically graduated with about 50 percent loss of students, so 50 percent of students graduated.

Dunning: You were on the Med Surgery Unit?

Lisker: The ward. Just the Medical Ward, not surgery, just Medical.

Dunning: Oh, okay, because I thought there was something in one of your papers that said that.

Lisker: I was the med surg instructor, what basically was a medical instructor.

Dunning: Did you have a choice or were you just drawn to that?

Lisker: I was drawn to it, I liked it. I preferred it to cutting something out and sewing somebody up. I didn't particularly care for the operating room. I had an unfortunate experience in Pediatrics where I had two little boys die of—oh, what was it? In the same family. Cystic fibrosis. That just put me off Pediatrics. I just couldn't stand to see children die.

Dunning: Was that when you were a student nurse?

Lisker: When I was a student. And I opted out of OB. I didn't want to be an OB nurse for whatever reason, I have no idea.

Dunning: So you found your place.

Lisker: I found my niche, yes, and what I wanted to do.

Dunning: And it seemed like you had a lot of responsibilities.

Lisker: Well, you did, because you also—you were also acting supervisor, so you could become an assistant supervisor, you could become a head—well, I guess we called everybody a head nurse at that point.

Dunning: Every nurse on the floor was a head nurse?

Lisker: No, no, but some nurses were head nurses, and they relieved—some of the staff relieved the head nurses on weekends and on the evening shift and night shift. We became supervisors by virtue of the fact that no one else was there. We really didn't have the background for management, but we "ran the ward." So you sort of fell into it. The additional responsibility, we just sort of went along with it.

Dunning: Was there usually a physician on the floor as well?

Lisker: There was a physician on the floor on a regular basis, Dr. Harry Kirby was on the medical floor. But there were always residents and interns, because we had residents and interns at that time too. But he oversaw what went on. He was the staff physician for the clinical division.

Dunning: So you saw a new group of residents and interns coming in on a regular basis?

Lisker: Every year.

Dunning: Any recollections of that? Any particular ones that stand out in your mind?

Lisker: There were a lot.

Dunning: Were some better prepared than others?

Lisker: With the physicians?

Dunning: Or the residents.

Lisker: Most of them came from UCSF [University of California, San Francisco]. There were a lot of residents from UCSF who came to Kaiser. In fact, Dr. Donald Grant had received the Gold Cane from UC when he graduated, and he was a surgeon. Then there was Dr. [Phillip] Raimondi who was in medicine and he taught classes. We had Dr. Harry Kirby, and he was always very helpful. I can remember saying to him one day, "I think my patient has expired." And he said, "Let me go check." So you could talk with them. He said, "Why do you think your patient has expired?" I said, "Look, because I can't get a pulse or a blood pressure." The patient was dying anyway and he had anticipated. He was calming. He would calm students down, our new graduates.

The other people we had—I'm just trying to think of the names. Dr. Driver. I can't remember his first name. I know he taught classes on liver diseases for us. Dr. Raimondi taught classes on gastrointestinal disorders. Cardiac diseases, Dr. Alfred Bolomey. His daughter became a student nurse later. I'm trying to think of the specialities.

Dunning: Actually, you've recollected quite a few.

Lisker: I'll think of some others. We had a good relationship with the physicians, and we could ask them if they would mind preparing a class for the students or the staff also. What else? I can remember one incident when I was very early into acting as a "relief head nurse." The drug room on the ward, when students or staff pulled out medication into a syringe they usually aim it—you wanted to be sure you didn't get any air in the syringe, and they'd aim it at the ceiling or wherever, but we had lots of medication on the walls and doors that were part of emptying—getting a syringe so there was no air in the syringe before you give medication to the patient.

This was on a weekend, and I had said to the housekeeper who was cleaning, "Would you mind washing off the doors while you're in the medicine room?" The gentleman said, "Absolutely, fine, I'll do it." This was on Saturday. Monday morning I get a call at around 7:30, 8:00, I'd just gone on duty, and it was Dorothea. I thought, "What is the matter? What's she calling me at the office for at this point?" She said to me, "Did you tell one of the housekeeping staff to clean the walls in the medicine room?" I said, "Yes." With that she just let me have a blast: number one, I was not in charge of housekeeping; number two, they had their duties that were outlined for them. I'm trying to interrupt and say, "But the doors were filthy." She wouldn't hear any of that, told me that I had no business telling somebody in another department what to do. I went out of there thinking, "What is this?" However, the next time something like that came into my head I really went to the manager of the department and said, "Would it be possible?"

Dunning: So you learned the protocol. Do you think Dorothea had noticed it or she had heard from somebody else?

Lisker: Oh, the head housekeeper had gone to see her first thing in the morning because I guess she had said, "I want you to do this, this, this, and this before you do anything else, and you don't take orders from the Nursing Department." [laughs] That was wonderful. Oh my word!

Dunning: Well, you had an ongoing relationship with her.

Lisker: I did. I had a very good relationship with her.

Then, of course, I didn't mention the graduation of the first class. That was in 1950, and all of the students attended the graduation ceremony. It was where the Oakland clinic now stands on Howe Street. There was a church there, and that's where we had the graduation exercises.

Dunning: That was a Presbyterian church?

Lisker: It was a First Presbyterian. Well, I'm not sure.

Dunning: I may have read that someplace, but I can check.

Lisker: It wasn't the one that's on Broadway, so it was directly across the street from the hospital. We bought that property and built the clinic in the parking lot a long time ago.

Dunning: During our last session I was impressed by the way you talked about the hands-on approach to patient care, that you were in the room quite a bit with the patient and you basically had to feed them, talk to them, teach them—

Lisker: Do everything.

Dunning: Everything. Ambulate them. Also, you had responsibilities with the family or they weren't designated, but because the families were there you could teach them things. Was that the same case when you were on the Medical Unit as a nurse?

Lisker: Yes. This was—

Dunning: The same period.

Lisker: We were imbued with the prevention of illness right from the very beginning, that this was a major teaching hospital with this responsibility, to be sure that the patients knew how to take care of themselves after they got home. But we also wanted to try and prevent illness, but we were getting the patients obviously when they were ill in the hospital. We did visit patients in the home as part of our education.

Dunning: Oh, okay. I was going to ask you that.

Lisker: Yes, we went with the home health nurses when they made rounds for patients, because we had a very—even then, we had a—

Dunning: As a nursing student?

Lisker: Yes, because we had a very active Home Health Department even then. We also rotated to the Outpatient Department. We would see patients when they had follow-up or were coming on an initial visit to the physician, so we had that rotation.

We also rotated into what was the diet kitchen, so at that time we would work with the nutritionist regarding patient diets. When we went to talk to patients and to ask them about what they wanted to eat for lunch, breakfast, or dinner, we would have questions to ask them about their likes and dislikes, but we would also have information related to what was a good diet, in terms of not too much fat.

Dunning: Excuse me. How long would the rotation be, like in the nutrition?

Lisker: That was six weeks.

Dunning: Six weeks every working day?

Lisker: Yes. Just as long as when we were in the hospital, we were rotated to the Dietary Department. We went there Monday through Friday.

Dunning: Since we're on the Dietary Department, have you seen things change? What were they promoting then in terms of good food and good eating?

Lisker: Well, we had, what was it called? It wasn't the pyramid, was it? Gosh, I can't think back that far. We had guidelines in relation to the foods that were really appropriate. I don't remember really talking about greasy foods or foods that were deep fried, or limiting your intake of deep-fried foods. I don't really remember very much about the different kinds of oils or butters. Well, I knew that butter was high in cholesterol. I knew that organ meats had their problems. I knew that there were cuts of beef that were high in fat, and that you wanted to try and avoid those foods that really were too high in fat. But mostly it was a well-balanced diet, and this was between protein and carbohydrate and fats. We knew the proportions of protein, fats, and carbohydrates that patients should have. I'm not sure that it did very much in the way of promoting health given what we have today.

Dunning: There probably wasn't so much emphasis then on salt, salt intake.

Lisker: There was, particularly for patients with cardiac disease and hypertention. We would talk about low-sodium diets and low fat—that was from way back when. At that time, I think my father-in-law was in the hospital and he had hypertension. He was on a low-sodium diet and a low calorie. I'm talking about the early fifties.

The other clinical division that we all rotated into was the central supply, which is where all of the equipment for patients was kept like IVs, bedpans, urinals, syringes,

surgical supplies. So we learned about sterile technique and how to pack supplies for the various clinical divisions, how to sterilize needles and syringes, how to clean equipment. Basically, we were taking the place of the aide who could be taught to do this. It was a mechanical process.

Dunning: But probably extremely important for a nurse to know all those details.

Lisker: Particularly when we got into the operating room to be sure we were not contaminating the field. You had to scrub until the skin came off your hands. Ten-minute scrubbing between when you started, your hands, your arms, and fingernails. Your fingernails had to be short. They were examined to be sure they were not going to be filled with gunk, and nail polish was forboden, and nicely-clipped fingernails, well-manicured hands. You didn't want to infect the patients. I enjoyed working in the operating room, but it wasn't my thing, really.

Dunning: Did you spend much time in the operating room as a student nurse?

Lisker: Six weeks. Six weeks for every rotation. Three months overall for the major surgical, medical. I think we were three months in Pediatrics and OB, postpartum. Over the three-year period you'd end up with about three months in each department.

Dunning: Would you be observing or would you assist?

Lisker: We were doing everything. [laughs] We were doing. That's how we learned: we were doing. Hopefully, we didn't kill anybody, but we were doing, we were taking care of patients. We were doing everything that needed to be done for the patient, I mean everything, without the help of an aide or an LVN, because they had their own assignments doing other things.

Dunning: It seems like quite a training.

Lisker: It was. It was wonderful. This is why I get very upset when I look at the curriculum that, for example—I'm on the advisory committee for Merritt College of Nursing, the two-year program, and the students have probably twelve hours of clinical practice a week, and this is a two-year program. You cannot really learn how to observe a patient, how to provide the care in an appropriate fashion for the patient with that kind of limited experience. I have been talking now for fifty years about an internship for nurses when they graduate from nursing school, because it's the only profession I know that graduates a student on Friday, and they're expected to be able to function at a very high level on their first day of work. There isn't a transition period, and that was one of the things I was able to do as a nursing administrator, and I'll talk about that later.

With a three-year diploma program, the students were reasonably well able to take an assignment, because all during their nursing education, that three-year program, that transition was made to the point when you were a senior you were really assuming leadership of maybe one corridor of patients, and you could have about twenty-four patients, and you were overseeing the care of those patients as a senior.

Dunning: So you were running around a lot.

Lisker: Yes. Everybody was.

Dunning: It was a busy place.

Lisker: Yes.

[Tape 5, Side B]

Dunning: We started to touch a little bit on this. I was going to ask you had conditions changed when you began—from the time you began as a nursing student to the time you became a staff nurse? Did you see many changes during that time?

Lisker: Whatever they were, at that point, were fairly gradual. When I became a faculty member at the School of Nursing, Dorothea Daniels was still the head of the school and also head of the hospital. Then, in 1954 or '5—I'm not sure when Marguerite MacLean came in to the hospital, or to the School of Nursing. I think it was the early fifties, and I know at that time I was on the faculty. Marguerite came from Highland Hospital where she'd been director of the hospital and school of nursing. When she came to the School of Nursing at Kaiser as director of the School of Nursing, not at the hospital, so she and Dorothea—she reported to Dorothea as director of the school. It was around that time also that the school changed its name from the Permanente School of Nursing to the Kaiser Foundation School of Nursing.

Dunning: I was going to ask you that. Do you know the story behind that?

Lisker: Well, I think it was related to Mrs. Kaiser's love of nursing and Henry Kaiser's history of his mother dying of not really having adequate care. He talked about that. His wife also was instrumental, I think, at that point, in having some influence related to the school. The other thing that happened was that Henry Kaiser and the physicians were having some difficulties with the organization because Henry wanted to control the physicians.

Dunning: Was this during the Tahoe period?

Lisker: Yes. It was at that time that the school became a separate entity.

Dunning: So that was in the mid-fifties.

Lisker: Mid-fifties.

Dunning: I didn't know whether you wanted to talk about that now?

Lisker: We can if you wish, because it was at that time that there were a lot of changes that were occurring. Dorothea was transferred to Southern California because I think they were having problems at Sunset [Hospital]. She actually became the first woman hospital administrator. Thinking back to the mid-fifties, and here she is, when up to

this point it was always men. Dorothea became a hospital administrator within the Kaiser system.

Dunning: Was she asked to leave, did she want to leave, or did she leave because of some conflict?

Lisker: I think there was some conflict also. I think at that time she was also trying to tell the physicians in Oakland what to do. [laughs] You just don't do that. I think Dr. Garfield felt that she was a brilliant woman, and she was, no question about that, but she could rub people the wrong way. I think he was instrumental in saying, "Now Dorothea, wouldn't you like to go to Los Angeles and see what you can do with the hospital down there?" So it was not all clear sailing for her at Oakland. She was running the hospital, basically, all departments, but when she began to interfere with physicians they said, "Enough."

Dunning: The physicians did?

Lisker: Yes. "You can't tell us what to do. We don't take our orders from the director of nursing," or something to that effect; it might not be quite as crude as that.

Dunning: Is that the first big conflict that you recall in your—?

Lisker: Yes. I'm not sure when we had the issue with Wendell Lipscomb. That was the psychiatrist. I mentioned that.

Dunning: You mentioned that at the end of the—during the McCarthy period. It was a little before the Tahoe period.

Lisker: That really created a stir within the facility, because he was the first black resident that came to Kaiser Oakland. He graduated from UC San Francisco, but when he sent in his application, he didn't send a picture, but I think he did that purposely, and he knew that if he sent a picture he may not have been accepted for his internship.

Dunning: Although Kaiser seemed so open to having nurses of different backgrounds.

Lisker: I agree with you there, but I think maybe he felt that at that point—because we still—there was a lot of racism. There was a lot of racism. Maybe he felt that patients wouldn't want him to provide care for them.

Dunning: Although it seems like a lot of the patients were African American.

Lisker: A lot were, but a lot of white patients also. As I had mentioned, there were some white patients who said, "I don't want to be in a room with a black patient." Basically we said, "That's the only space there is and you have to take it or leave it, but we're not moving anybody to anyplace to accommodate you." That was sort of a given. I think there was a lot of racism, but it wasn't spoken of.

Dunning: Did you see it within the nursing staff? In the picture I don't recall too many African American nurses. It looked like quite a few Asian.

Lisker: [Referring to a graduation picture] This is my class, and there weren't any black students there. In my class, the first class I ever taught, had black, had Asian. I think we had some Samoans, some Filipinos, some American Indians. That was the first class I taught, and they came in 1951 and graduated in '54. That class had a lot of students who were not white, more students of other nationalities, actually, than white students.

Dunning: How about the patient population at that time?

Lisker: [pause] We had a lot of longshore persons, and they were white and black. We had Asian patients. There was a mix.

Dunning: You said the racism was more silent or not spoken, I'm just wondering, was it at every level?

Lisker: You see, I didn't ever feel it and I didn't think in those terms. For me, you know, I'd been in London, and London at that time, during the war, there were all kinds of people from the colonies. It was just part and parcel of what the world was all about.

Dunning: The Dr. Lipscomb incident—was that very public?

Lisker: It was very public.

Dunning: It made the newspapers and—?

Lisker: Absolutely, because the NAACP came in to protect him or to speak for him. I think there were, if I'm not mistaken, there was a lot of discussion that went on by the residents who were also supporting him, and the staff. It seemed to me that there was a lot of support for him. He finished his residency at Kaiser, or maybe he came in as an intern and he finished his year as an intern at Kaiser.

You had the longshore people.

Dunning: The steelworkers had come in.

Lisker: Yes. I think, you see, they said he was a Communist, so that sort of tainted things. It was a very frightening period, as I look back on it. Very frightening.

Dunning: Were there other people at Kaiser impacted by the McCarthy period?

Lisker: Not that I know of.

Dunning: Or asked to leave?

Lisker: Not that I know of. I know that Dorothea called me into the office one day and she wanted to know if one of my classmates had discussed politics. There was somebody from the FBI there. I had no clue in the world. I thought about this later and thought, "Well, good heavens above." I said I had never heard her speak about anything.

You see, I came from wartime London where you had people who were opposing the war on soap boxes in Hyde Park corner. For me, that was just part and parcel of what it was all about, that if you did disagree, you could voice your opinion. So this whole business of a Communist threat was something I couldn't quite fathom. It just didn't make sense in a democracy, that you didn't really have freedom of speech, that you had to be careful of what you said. It just didn't add up for me, but I wasn't thinking in those terms when Dorothea asked me if I'd ever heard my classmate talk politics. What did that mean, really? It could have meant anything.

Dunning: At this time, were you still on a visa, or were a citizen yet?

Lisker: I became a citizen in '53. I came in '47.

Dunning: Was there any problem for you not being a citizen during that time?

Lisker: No.

Dunning: No one bothered you?

Lisker: No, absolutely not. Absolutely not. As I said, I have never, never, felt anything but welcoming since I came to the States. I'm very lucky. I'm very lucky. It's just the way it was.

Our classmates—my classmate, Nancy Horie who's Japanese, whose parents were in a concentration camp, we'd go to the movies. Who else was in there besides Nance? I guess she was the only one. Again, we met when we had our fiftieth reunion, and we've been friends for years. There's never been anything.

Dunning: Nancy Horie, is she still alive?

Lisker: Yes, she lives in Fresno. Suda is her last name now.

Dunning: She might be an interesting person to interview. Do you think?

Lisker: Yes.

Dunning: I mean with her background.

Lisker: Yes. Nancy also was basically, she was a class historian, so she's kept all kinds of notes. Oh no, I think I've put those in the archives. I think I gave them all to Steve.

Dunning: The archives at Kaiser?

Lisker: Yes, they're all available.

Dunning: I should make a trip over there. I've just been there a couple of times.

So you were working on the Medical Unit. Some of the other changes I was going to ask you about: at that time was there just a ward? There was no ICU, CCU—?

Lisker: No, it was just a ward where we had patients with heart attacks—

Dunning: No cardiac monitors at the time, the oxygen was in tanks, and suction—?

Lisker: Yes, that's right. And if patients were hyperventilating, we gave then a brown paper bag and told them to breathe in and out.

Dunning: Very different scene.

Lisker: Absolutely. But again, the cardiac monitors then were developed. I think that was the late fifties, early sixties. Then we developed a cardiac unit, and we put patients into single rooms with a cardiac monitor without a central station. So if you really wanted to take care of the patient, you had to have one nurse per patient, but that didn't happen.

Dunning: So you'd just have someone in there with a monitor.

Lisker: Yes. And hoped.

Dunning: What are the pluses and minuses of the technology? Could you talk about that, because you've certainly seen both ends of the spectrum? [pause] Were you more observant? You really had to look at the patient, touch the patient, visually.

Lisker: I still feel that you have to look at the patient, you have to touch the patient, whether they're tied up to any kind of a device. I don't care whether it's the leads for the cardiac monitors; I don't care whether it's respiratory intubation, whether the patient is in a cast and tied up to slings. If the patient has cardiac problems or if the patient has cranial problems, you have to look, you have to touch, you have to feel.

You must not forget that number one, the patient is a human being and these are assistive devices to help provide safe and better care for the patient, to be able to anticipate rather quickly if something is going awry so that you can intervene in one way, shape, or form, whether it's doing something yourself, or whether it's getting somebody into that room, or calling a code, or whatever it might be, but you cannot just assume that because a patient is on some kind of a monitoring device that you don't have to take care of the patient. Most importantly, you don't have to not assume that that is a human being who's tied up to all of those IVs and whatever else is going into the patient in all orifices. You just cannot neglect that. And you cannot neglect the relatives of the patient, whoever is there seeing how ill that individual is. You just cannot forget that.

Dunning: That's something it seems you knew from both your experience and the way you are. You're very observant.

Lisker: But seeing patients—this was one of the things I enjoyed as a faculty member, to be sure that the students were sensitized to what might be going on with that patient and the patient's relatives or family or significant others or whoever might be—that you're dealing with a patient holistically and not because they had a kidney removed. It wasn't the kidney you were taking care of; it was the patient you were taking care of. That was part and parcel of what I tried very hard to be sure that the students understood.

Dunning: The human side.

Lisker: Yes. But the technical side is very, very important also. You are to understand the blood levels, the oxygen levels, how they operate, how the machines were operating, who was monitoring those machines, was it done on a regular basis—and I'm thinking in terms of respiratory therapy, who assisted in being sure that the patients were ventilated and the appropriate oxygen was being provided for the patients. The positioning of the patients, to be sure the patients didn't get bedsores, that they were turned, as they needed to be turned frequently, that they were massaged, so that you could get circulation going again. Those were the kinds of things. To know what the lab studies were when they came back from the lab, what significance that had for you in terms of your nursing observations.

So to try to teach the students that these were really vital factors along with the human side of nursing, I think, was what made us a good school of nursing. All the faculty felt, basically, as I did. It wasn't just me.

Dunning: It wasn't anything that someone taught you, it seems.

Lisker: No, not really. Well, actually, I think, to go back to my nursing education at Kaiser, we did talk about the patient as a human being, we did, and assisting the patient to wellness, or to get as well as the patient possibly could, given the parameters of the patient's illness or disease.

I know that when we went out to Vallejo for rehab we incorporated the family into that a lot, because the family was there on a fairly regular extended basis, so the family became involved in caring for and working with the patient. You were an assist to the family to help them cope with what was going on in the best way you knew how to do it.

Dunning: Did you feel like you could do that?

Lisker: Yes. We had classes in psychology and sociology, and what happened was that the faculty would try to integrate that material into what we were doing from a clinical point of view, so that helped. I don't think you can ignore those dimensions when you're caring for patients. Now, we had the luxury of the patient being in the hospital for a longer period of time during that period. So a patient with a herniorophy would

be in the hospital for a week, and maybe more. Today, they come in on an outpatient basis and they go home that same afternoon.

Dunning: Or you see patients just for such a short time and it's always changing.

Lisker: Yes. Or you don't have time to teach the patients or to help them. What I'm hoping, obviously, is that somebody is calling up the patient and saying, "How are you doing?" But I don't think that's happening, not in the way it needs to happen. Some physicians are better than others. Some physicians do that. Some, once the patient leaves the hospital, they leave the hospital, unfortunately. Patients with herniorophies, has somebody taught them, "Don't get constipated. Don't press when you're going to the bathroom. You need to get up and walk around. If you're having pain, be sure and take your pain medications." Or the handouts that you can go over with the patient, so they're getting the information they need to help them stay well. And if there's a problem, to know that it's going to be black and blue, it's going to look bruised, but everything will be fine, but it will take so long for that.

Dunning: Right, so people know what to expect.

Lisker: Yes. But I'm not sure it's being done with the vigor that it needs to be done.

Dunning: Or that it was when you were—.

Lisker: Well, we didn't give patients handouts, but we had the option of having—

Dunning: If you had them there for a week or two.

Lisker: They were there. We could talk with them about these kinds of things, so it was easier.

Dunning: Yes, some of it probably sunk in whether they wanted to hear it or not. [laughs]

Lisker: Some obviously did. You weren't in Berkeley when we had the old co-op stores. There was one at the corner of Ashby and Telegraph, and there was one on University. They used to have a nursery along with the store where you could put the children when you went marketing. Well, I was marketing at the one on Ashby and Telegraph one day, and somebody in line looked at me and said, "I'll never forget you," and it was not a pleasant greeting. I said, "Who are you?" He said, "I was a patient at Kaiser Hospital and I had a ruptured appendix and you made me get up and walk." [laughs] I said, "That's why you're here today, because I made you get up and walk."

So we had time, we had time to take, to help patients and teach them. That is gone. But I think, in lieu of the time, I think that the nursing staff is using their time probably as appropriately as they can, or maybe even better than we had anticipated. They have developed protocols for patients to take home with them, which we didn't have. We were developing them at that time, but we didn't have them, and that was really helpful.

[Tape 6, Side A]

Dunning: I've heard some stories about morale being low, especially in Vallejo, the Vallejo facility, because of the poor facilities. Some people complained about the patient population mostly being shipyard workers from Vallejo. Did you find that to be the case in Oakland?

Lisker: No. During the fifties, I think there were always rumblings about the fact that the salaries needed to be improved. I think there were some organizing attempts by CNA [California Nurses Association] that were going on during the fifties, to organize the nurses, to have them all join CNA.

Dunning: Actually, I have a whole section on that. Maybe this is a good time to segue, and then I can go back to the other one. I was going to ask you about some of the professional organizations for the nurses. Which professional organizations you belong to, and were you active in them in the early years?

Lisker: Yes. I belonged to the California Nurses Association—the Alameda County Nurses Association, which automatically you became a member of the California Nurses Association.

Dunning: Were they separate?

Lisker: They were apart.

Dunning: California League for Nurses?

Lisker: That was the education one. I was a member of the California League for Nursing also. I was a member of the California Nurses Association and the American Nurses Association. Later, I was a member of the Organization of Nurse Executives, but that was later.

Dunning: I know the California Nurses Association has a long history, but how much did you know about it when you joined?

Lisker: That it was the "the professional organization for nurses," and I wanted to belong to that, to be sure that we maintained standards that were appropriate to the care of patients. I was an officer in the association in the early fifties.

Dunning: Okay, right after you graduated.

Lisker: After I graduated, I became a member of the California Nurses Association, and the Alameda County Nurses Association. I was on the board of the Alameda County Nurses Association, and I belonged to the association and the California League for Nursing and the American League for Nursing until probably the mid-sixties. Well, I continued to be a member of the league, but I dropped my association with the California Nurses Association probably in the sixties—might have been the late sixties, early seventies—when it seemed to me that it was really becoming—it wasn't

really interested in professional nursing practice; it was interested in the economic well-being of nurses. Now, I'm not faulting that, but it just wasn't my bag. I did not want to be intimately associated with the California Nurses Association. The league I was always in.

Dunning: The league you were always in. They were the education branch.

Lisker: Yes, that was the educational, and basically became the professional. But the California Nurses Association, it became too militant for me.

Dunning: In the sixties and seventies.

Lisker: In the mid-sixties, early seventies. I was not comfortable with the direction in which it was going. I voiced my opinions. I did not object to the arm of the California Nurses Association that was trying to improve salaries for nurses, because I benefited mightily from that, and it would be hypocritical of me to say that I didn't benefit from it—absolutely, every nurse did. If we were honest with each other, I think we would say, "Thank God for the CNA," because they really took us from like $270 a month to $500, or something, in a very short period of time. It was based on the work that those people did that we got the kind of salary increments that we got.

I didn't care for it because of the way it was just neglecting the professional elements of nursing and what it was all about.

Dunning: There wasn't the emphasis on the patient care and the quality of care.

Lisker: No, no. I mean, they give lip service to it, but basically when you sit down and ask them and talk with people who are very active, all they can talk about are working conditions and salaries. That needs to be talked about, but I don't think that the professional organization should be part of the labor part of it. I feel that there needs to be a professional organization for nursing, as well as a labor and whatever else you call that group. There needs to be both, but one should be distinct from the other because they encroach—it becomes really the issues of strikes are all economic issues. Now the nurses say that they're to improve patient care. My question is, and I've asked nurses, "We know we need more staff. We know we need more qualified RNs. We know we need more students going to nursing school. What are you doing to help recruit young people into nursing? Can you tell me what it is you're doing to be sure that we have enough nurses to take care of our patients, given the fact that the average age for a nurse in California is forty-seven years old? That we anticipate needing probably another 30 percent more nurses by the year 2005 or 2006 than we have right now; we don't have enough nurses now to take care of our patients. The acuity of patients is increased in the facilities, and sure we need a lesser ratio of nurses to patients than we've had in the past, but where are we going to get the staff if you keep on saying, 'It's a horrible job,' and you're denigrating the care that you yourself are giving to patients? I don't understand it."

Dunning: Was that a very difficult decision for you to make, to leave the California Nurses Association?

Lisker: It was.

Dunning: Did you ever go back to it?

Lisker: No. It was difficult. I felt I should have stayed there and continued to argue, and I just couldn't, I just couldn't. I just couldn't do it. The California Nurses Association, as it now exists, is not recognized by the American Nurses Association.

Dunning: Why?

Lisker: They decided they did not want to be affiliated with the American Nurses Association.

Dunning: So it was a decision on California's part?

Lisker: And on the part of the American Nurses Association who felt it had abrogated its responsibility for the professional side of what nursing is all about. So it is a union for the northern California, because southern California nurses belong to a different union. It's not for the entire state; it's just for northern California.

The first strike that we had when I was a faculty person—

Dunning: Was the first strike in the fifties? [pause] I think actually I read something, it was the very late fifties.

Lisker: It was, I think. At that time, the faculty met with administrators, and we at that time decided that the students could not cross the picket line. So students were not assigned to patient care during that time. That was the faculty at the School of Nursing.

Dunning: I think we're definitely going to return to this, and probably do it in more depth, and we'll talk about the sixties. I'd like to go back just a little bit. Well, we're still talking about the California Nurses Association. I know they did start organizing the hospital staff at Kaiser in the early fifties.

Lisker: That's correct.

Dunning: And also that Kaiser nurses were the first in the country to be organized.

Lisker: That's correct. And that was in combination with Vallejo and Richmond and Oakland. I think it was a very active group in Vallejo and also in Richmond. Oakland became very active. At that time, all of the nurses, including the supervisors, would attend the meetings. There was a very active recruitment drive that was put on by CNA to recruit all staff into the California Nurses Association, because there were a lot of staff who were not members. We used to have meetings in the church where we had the first graduation. It was a subtle—well, not so subtle pressure at that point in time, because the list of the members attending the meetings became knowledge—Dorothea knew who people were who attended the meetings.

Dunning: Did she attend the meetings?

Lisker: No, she did not attend the meetings.

Dunning: Was she a member?

Lisker: I don't know, but I do know that she had a list of names.

Dunning: Did that worry you?

Lisker: No. No, it didn't.

Dunning: You were in your twenties.

Lisker: I didn't even know she had a list of names until later. [laughter] It didn't worry me.

Dunning: I know local medical societies shunned the Kaiser Permanente physicians. Did you ever see that happening with the nurses?

Lisker: No, I didn't. I did not. But there was always talk of socialized medicine. We were taking care of patients. We felt we were giving them good care. I know physicians had a difficult time through the Alameda-Contra Costa Medical Association, they could not become members; they were blackballed, basically. And the undercurrent of the Kaiser doc sort of permeated the community. It was not nice. And, again, it was an economic issue, you know. The private physicians felt that Kaiser was taking money out of their pockets, which was true, which was true. But they tried to, every which way, to denigrate Kaiser, and some of it was really not very nice at all. It wasn't.

Dunning: Did you ever go into other hospitals?

Lisker: Yes. We had the Student Nurses Association and the four hospitals with schools of nursing, we used to meet each other. We'd meet.

Dunning: At Merritt, Providence—

Lisker: And Highland or Kaiser. Our officers would get together with their officers and talk about the other Student Nurse Association. Mary Lou Steinke, who graduated from Kaiser School of Nursing, became the president of the local Student Nurses Association. She later became president of the California Student Nurses Association. Then she became the president of the International Student Nurses Association. She was a Kaiser student. She also became the mayor of Visalia in California. [laughs]

Dunning: Was she also the mayor of Calistoga?

Lisker: No, that was Laverne Oyarzo, one of my students.

Dunning: Okay, so that's two mayors.

Lisker: We had two mayors.

Dunning: Oh my goodness.

Lisker: Actually, we had a vice mayor in Sacramento also, Kaiser graduate.

Dunning: Used to being in charge. That's interesting.

When you were in other hospitals, or talking to nurses at other hospitals, did you see that there was a difference in your job or the care of patients from Kaiser to the other facilities?

Lisker: Well, the only facility that we affiliated outside of Kaiser was for psychiatric nursing, and that was at—we were at the VA in Palo Alto, we were at the VA in Martinez, and the VA in Stockton. So that it was the psychiatric units of the Veterans Administration hospitals. That was sort of a different bag altogether when you're dealing with psychiatric patients. Within the Kaiser family of hospitals, we affiliated at San Francisco; we went to Santa Monica to the rehab center for a little while. Some of the students affiliated at Fontana, which was an industrial plant in southern California. That was where the steel mill was. I didn't go there, but students did affiliate there for "rural nursing," is what they called it.

Dunning: I have a question—were different Kaiser facilities, did some of them have a speciality? I have heard that San Francisco Kaiser was known as more academic. Then you just mentioned Fontana as being more rural?

Lisker: It was a rural nursing. It specifically was a rather short affiliation; I think it was about a month for students to rotate there. That didn't go on for too long. I don't really remember exactly— it was sometime in the fifties. I wasn't too attuned to rotations even in my early academic career. Somebody else was taking care of that sort of thing. It was only later when I became curriculum coordinator and got involved with rotations and affiliations for students.

But I didn't ever hear that San Francisco was "more academic" than Oakland, because a great number of our physicians were involved with UCSF for clinical rotations, supervising medical students. We also had residents and interns. There's always a lot going on educationally in Oakland, so to say that we weren't academic in Oakland, I'm not sure that that would be correct. I think there was a great emphasis on collecting data and learning about patients, classifying patients according to disease entities. From a research point of view, we had people who were always interested in classes of patients in terms of their diagnoses and what could be done with specific patients, and finding out if there's something new going on, and researching what was available. Then, of course, we had our own research center in Oakland for Kaiser of Northern California.

Dunning: So you spent your entire career at Oakland Kaiser.

Lisker: Yes.

Dunning: Let's see, you were on the unit as a staff nurse for almost two years, and then you were asked to teach by Dorothea Daniels?

Lisker: Yes. That initially was teaching students how to perform various skills related to patient care. Then, I went back to school and got my bachelor's, and this was again in the fifties.

Dunning: You got your BA in—? Do you remember which year?

Lisker: 1955.

Dunning: And that was from San Francisco State University?

Lisker: That's correct.

Dunning: About that time, you got married.

Lisker: I got married in '53. And I had a baby in '54; that was Wes. So he came to graduation exercises.

Dunning: Maybe before we get into too much more of Kaiser, because we're getting on to an hour and a half, you can tell me how you found time for romance, and how you met your husband Fred.

Lisker: He was dating my roommate. [laughter] I cannot tell a lie. Ish Kreiger, I've mentioned her name—we had an apartment together in Oakland, and she decided that she was going to go back to Idaho from where she came, and she was going to go to the University of Idaho and get her public health certificate and baccalaureate. So that's what she did. She'd been dating Fred, and he called me.

Dunning: For a while?

Lisker: I'm not sure how long. Not too long, I think.

Dunning: So you knew him?

Lisker: Yes, I'd met him. He rang the doorbell one day and wanted to know if I'd like to go out for dinner with him.

Dunning: This was after she left?

Lisker: Yes. And with his brother and his sister-in-law. So we went to Chinatown in San Francisco, and we had a great meal for about $2.95. That was the beginning of the end. Then we dated on a regular basis. That must have been '52, '53. No, it was '51.

Dunning: Okay, it was right after you graduated.

Lisker: Yes, it was '51. We got married in '53. Then, in '54—oh, we lived in an apartment near the hospital on Shafter Avenue. What happened then? Well, I got pregnant, obviously. Wes was born in April of '54. We got married, actually, our anniversary is tomorrow.

Dunning: Oh, Valentines Day?

Lisker: Yes.

Dunning: You got married on Valentines Day!

Lisker: Can you believe it?

Dunning: So it will be forty-nine years tomorrow?

Lisker: That's correct. I keep on telling Fred I should get five gold stars. Nobody would put up with him for this length of time.

Dunning: What was Fred like?

Lisker: Oh, he's a doll. He's just a nice husband. He's really caring, loving, supportive in every way, a good provider. What more can I say?

Dunning: And he seems crazy about you, even after almost fifty years.

Lisker: All these years. That's the way it goes.

At that time it was also—the issue was we were living in an apartment, I was pregnant. Wes then arrived in April of '54, and the neighbors complained that he was crying at night and waking them up. So we looked for a house and we found 24 Eucalyptus.

Dunning: Oh, so this was your first house!

Lisker: We have lived here for so long.

Dunning: It's wonderful.

Lisker: He grew up here, as Susie was born in '56. Wes is a physician at Kaiser in Hayward and in charge of—well, he was. He just told me that he's not the chief of nephrology anymore, he told me yesterday. He decided he'd had enough of it. So he's assistant physician and chief at the hospital, and in charge of quality.

He has an absolutely a wonderful wife, who we love dearly, and three gorgeous daughters: seventeen, fourteen, and eleven.

Susie was born in '56. She lives in Pleasanton and is also married to the same husband since 19—when did she get married? They both are married a long time. Maybe twenty years for both of them, I think, this year. Something like that.

Dunning: You set a good example.

Lisker: She works. She works with a company in San Leandro that makes lighting for football stadiums and shopping centers—industrial lighting. She's a manager, and she has about ten staff that she works with.

Jim works for his brother who owns GoPed, which is a scooter business. His brother owns the business in Livermore and Jim is international vice president, or something like that. They have three boys: sixteen, fourteen, and eleven.

Dunning: So you have three grandsons and three granddaughters.

Lisker: Yes, and they are wonderful, wonderful children. Wonderful. We have them on a regular basis. We go visit. Just lovely, wonderful children.

Dunning: Was Fred from this area?

Lisker: No, Fred was born in Rhode Island, Providence.

Dunning: So he's an East Coast person.

Lisker: Yes, Providence, Rhode Island. He grew up in New Jersey, was in the army as a lieutenant, and was discharged from the army at Fort Ord in the winter. It was a gorgeous, sunny, beautiful day, and he flew back to New Jersey to the ice and the cold and the snow, and he decided that he was going to come back to California. He drove back to California in the fall of 1947, at the same time that I arrived from Ireland. We didn't meet until '50, '51. He was a manufacturer's rep. He was selling optical machinery, and traveled in South America, and then decided that he—he became a manufacturer's rep for sporting goods, and he represented quite a number of small companies and worked on commission. Then he developed his own import business of sunglasses. So he had that, plus the fact that he was a manufacturer's rep.

[Tape 6, Side B]

Dunning: He has the personality to be in sales. He's very personable.

Lisker: [laughing] He's known as "friendly Fred."

Dunning: I can believe it. What about your marriage, your wedding? Did you have it here?

Lisker: Yes, we got married—actually, we got married by a justice of the peace in Santa Rosa. One of my Kaiser graduates—though she wasn't a classmate; she graduated in another class—was a bridesmaid. My brother-in-law and sister-in-law came to the wedding,

and one of Fred's aunts. His parents didn't come because I wasn't Jewish. They lived here.

Dunning: Oh, they lived in California.

Lisker: They lived in Oakland. His father was a pharmacist. That's always been a sore point. But we have had a very, very good life together. His family, other than—well, his mother finally, finally said, "Well, maybe she's okay."

Dunning: After how many years?

Lisker: It took a while. It took a while. It's just what religion does to people. It's just unbelievable.

Dunning: Did the two of you discuss that as an issue before you got married?

Lisker: Oh yes. First of all, I wasn't a church-going Catholic to start off with. I hadn't been into church from the time I left Ireland, actually. I had never gone to church in London, ever. And I didn't start going to church when I came to the United States. But, you know, you carry all that stuff and that baggage with you.

Dunning: Oh, absolutely.

Lisker: It just doesn't leave you alone. It just doesn't. We had a long discussion about that. The children were not baptized. We didn't get married in a church. When they were little we felt that we had to be sure that they understood what discrimination meant, so they did go to a Jewish secular school to learn about Judaism and the history of Judaism.

Susie said to me one day, when she was about seven or eight, I guess, she said, "Mom, why can't we go to a Catholic school?" I said, "No, you're not going to go to a Catholic school because Catholics ordinarily are not discriminated against in the United States like Jews are." I said, "You need to know about your Jewish heritage." That's worked out quite well.

Abby is Jewish, but they're not religious Jews. This is Wes' wife. Susie and—Jim is a Presbyterian, but they don't go to church either. So they're basically non-practicing whatever.

Dunning: Would you celebrate the Jewish holidays as well as the Christian holidays?

Lisker: Oh yes.

Dunning: You do Christmas and Hanukkah?

Lisker: We do Christmas and Hanukkah, and we do whatever else is in between. The children have it coming and going; they get it both ways. So they're happy about that. We still do the same right now.

Dunning: What was the reception from your parents and relatives in Ireland?

Lisker: Fred has never met my dad; he died before he had a chance to meet Dad. Mom thinks—or did—the sun shines out of Fred, that he was the best son-in-law she ever had. She's right. [laughs] She loved him a lot. So we had a good relationship on that side of the family. We go back to the village all the time. I'm "the returned Yank." [laughs] It drives me crazy.

Dunning: I think we'll close for today, and then we'll regroup again for the next time.

[Interview 4: February 28, 2002] [Tape 7, Side A]

Dunning: Today we're going to talk about the transition from the Permanente School of Nursing to the Kaiser Foundation School of Nursing. Marguerite MacLean was the first nurse administrator at that time. From what I've read, there was a big change in that the nursing school was a private school of nursing then. There were also changes in the educational direction, because the nursing school wasn't driven by the nursing service, and the faculty could now make decisions based on the educational needs of the student.

Lisker: That's correct.

Dunning: Will you tell me more about this, as much as you remember, and maybe also include the climate at Kaiser during this time?

Lisker: Let me just talk about the school and the transition, because I think that's terribly important. When the school became a separate entity and became the Kaiser Foundation School of Nursing, the funding basically came from the Kaiser Foundation itself. The director of the school, Marguerite, reported directly to central headquarters, and at that time it was Dr. Clifford Keene, who was chairman of the board. We had a direct line to corporate headquarters. We did not report to the regional office, which the administrators of the hospitals for Northern California reported to.

This was terribly important because it gave us an independence in terms of curriculum redesign and design. It focused particularly on the needs of the students, in terms of their education, rather than on staffing the facilities with students. So that was a big, big change, and with some difficulty, because even then there was a shortage of nurses so that we basically transitioned over a period of a couple of years. It wasn't just, "Let's cut it back right away." We did not do that, and we still had students on the evening shift and on the night shift. But it was a different relationship, because we had faculty at the time who were supervising the students on those two shifts also.

[tape interruption]

Dunning: Was it Marguerite MacLean who oversaw this transitional period?

Lisker: Yes, and Marguerite was really very, very influential in that direction in which we went. She had been the director of nursing at Highland Hospital in Oakland, and she had a duel role there, just as Dorothea Daniels had previously with Kaiser, the foundation, the School of Nursing, and the hospital, and outpatient department.

Dunning: She was director of both at Highland?

Lisker: Yes.

Dunning: But when she was hired by Kaiser, she was only hired for the nursing school?

Lisker: Absolutely. She came in as director of the nursing school, and actually she brought some faculty from Highland with her, because at that time there was a big transition in Highland also, big political brouhaha related to cost; the usual kinds of things that one reads about in the paper today.

Marguerite was also very active in the California Nurses Association. In fact, she was the president of the California Nurses Association. She was also very instrumental in the California League for Nursing, which was the educational society to which we all belonged, or organization. So that she came with a very focused point of view. One of the things that Marguerite did was to work closely with the community college faculty to assure that the courses taken by the student nurses had transferability to a four-year program. Classes were not designed "just for nurses," but part of the regular schedule of classes for college students.

Dunning: That jumps to—I had a whole section on that, but let's go there right now, since you're already there. We had talked earlier about the first affiliation Kaiser had was with Vallejo Community College, and then Holy Names for a couple of years—

Lisker: And then Contra Costa.

Dunning: And that was until the end of the nursing school, in 1976.

Lisker: Yes.

Dunning: So as much as you would like to tell me about this issue of transferring credits—I know it was a big issue, and it was a problem.

Lisker: Yes, because you see, the students, when they finished their nursing program at that time, could not get transferability for a great number of the college courses because they were "designed especially for nurses." They weren't part of the general curriculum.

Dunning: Were they known as sort of watered down?

Lisker: Yes. They were, quote, "watered-down classes." So at that point, Marguerite said, "No, let's get them into the regular academic program at the college so they have transferability and don't lose credits," which was absolutely wonderful, because then the students had the ability to go directly into the four-year program, if they wished to get a baccalaureate, and did not have to pick up thirty units, or whatever else they might have had to do. So it saved them in time and in money.

Dunning: Do you have recollections of what the earlier classes were like that were just for nurses?

Lisker: Well, it might have been two units of nutrition, which was not transferable. But if you took three units in nutrition, with probably a clinical component, you could transfer the entire amount, which is what students were getting at the college in the regular programs. There was some "watering down" of some anatomy and physiology.

Marguerite said, "No, what we want is the regular transferable units of credit for our students." Sometimes it might even just be two units of sociology instead of three, which was not transferable. So she said, "No, let's do three units." So we built the curriculum around that.

Dunning: That makes sense. Why was it only—was it two credits only for nurses?

Lisker: That's right. That's what the problem was. It was three units—it was a different class for the other students. She said, at that time, "No, this is not what we want to do. We want to be sure that there is transferability." At the end of the program what happened, in that transition, was the students would get an AA from the community colleges and they'd get an RN when they pass their state boards after three years of Kaiser. So they came out with an AA and an RN.

Dunning: And Kaiser was the first nursing school—

Lisker: In the state to do that.

Dunning: To grant an AA and a diploma as well as the RN.

Lisker: That's correct. That was back in the mid-fifties.

Dunning: Do you attribute some of this to the big push from Marguerite MacLean, or was it just happening?

Lisker: No, Marguerite's, really, really—.

Dunning: She was instrumental.

Lisker: We must give her credit for that, because she really was instrumental in working that one through. The other thing that she was really emphatic about was in having qualified faculty. She went out of her way to be sure that we got a lot of faculty with their master's, or if they didn't have a master's in education or in nursing education, she made it easy for faculty to go back to school. I mean, in terms of their schedules rather than any kind of monies, but the faculty could work out a schedule where they could go to school for some classes while they were getting their master's, and then work at the same time.

Dunning: That's what happened to you, didn't it?

Lisker: Well, I got a grant. That happened to me through Holy Names and San Francisco State. I worked and I went to school at the same time, but when I got my master's—

Dunning: You got your BA from San Francisco State University.

Lisker: Yes. And then when I got my master's, I actually took a year off. I don't think I worked during that time.

Dunning: Right after you got married and had Wes?

Lisker: Yes. I know I did have full-time help, but I think maybe I taught one or two classes, but basically I was spending most of my time in school and commuting over to San Francisco, went to UC San Francisco.

Dunning: Okay, when you weren't nursing.

Lisker: Yes, I was in school.

Dunning: You devoted yourself to getting a degree.

Lisker: Yes, get my master's.

That was the major transition in the fifties, and then with the emphasis in bringing in faculty who were academically qualified.

Dunning: Was that difficult?

Lisker: Not really, if you want to believe this, because we'd have quite a number of applicants. There were always times when we needed an extra faculty member, and we did get some faculty who had been students who graduated from the School of Nursing, because there was an emphasis to push those students, also, into an academic program, and to provide them with the time to work in the school. We had a number, actually, of graduates from Kaiser School of Nursing who worked as assistant instructors, and then became instructors when they got a baccalaureate.

Dunning: Do you remember the size of the faculty when the school changed?

Lisker: [pause] Gosh, I can't remember that.

Dunning: That's something we can slip in at the end.

Lisker: Yes, I'll have to look for that.

Dunning: That's fine. I didn't know. Just sort of approximate.

Lisker: We can see. I have one here from '59—'69, '74. I don't know if it's this one. Let's see how many were on the faculty at this point.

Dunning: I'll just put this on pause for a moment. [tape interruption] Would you tell me what you're looking through right now?

Lisker: Yes, I'm looking through the *Kaiser Foundation School of Nursing Bulletin*, which was sent out to prospective students.

Dunning: And they listed all the faculty members, and you said there were how many?

Lisker: Twenty-three at this point. Let's see. Of that number, one, two, three, [pause] four—four were Kaiser graduates, and they were all assistant instructors.

Dunning: Did Marguerite teach as well, or she was the main administrator?

Lisker: Marguerite didn't teach any classes. She basically administered the school. She gave an occasional class on nursing history, but it was something that was worked into the nursing history curriculum, and usually her assistant taught the history of nursing.

Dunning: You described her a little bit last time, but mostly her background coming from Highland. Is there anything you'd like to add about that? What was she like?

Lisker: I think she was very fair. She usually wanted to look at all sides of the question before any decision was made. She was actually very much involved in assuring participation among and between faculty: that we discussed curriculum issues, that we tried to avoid duplication, that we met on a very regular basis, that we complied with all the rules and regulations regarding the state to assure that we were providing the kind of education we needed to for students, that we were in compliance with the league so that we got and maintained our national accreditation as a school of nursing.

Actually, when Josephine Coppedge came in, after Marguerite, she carried on in Marguerite's footsteps. But it was a different personality, obviously. Marguerite was also a large woman, so she had sort of a bearing when she walked into class. She wore her uniform with her mortarboard. She graduated from UC San Francisco School of Nursing, and they had a white mortarboard, so Marguerite wore her mortarboard. I mean, she was large. Marguerite was probably about 5'10", or a little more, but she was—.

Dunning: She was a big woman.

Lisker: A large woman. But she was a very nice lady. She was a nice woman also. She was easy to talk to, although sometimes she would say, "Well, now Miss O'Sullivan—" before I was married—"what have you been doing?" Then things sort of settled down, and I could talk with her and other faculty could too.

Dunning: It sounds like a different personality from Dorothea Daniels.

Lisker: Dorothea was totally different. Dorothea was: "I'm in control. I'm in charge. What I say is the way it's going to be." But she also had her other side, which she didn't display very often. But you knew who was in charge with Dorothea. You actually knew who was in charge with Marguerite also, but in a different way. So you had these personalities that you had to deal with also, but then we have to do that anyway.

Dunning: Marguerite seems like a very strong woman—

Lisker: Yes, she was.

Dunning: But she seemed wise too, in that she realized how important communication was among the faculty.

Lisker: Absolutely.

Dunning: You said that she made sure that you met quite a bit. Did you have a regular weekly meeting?

Lisker: We had regular monthly faculty meetings, but then within the divisions like for ObGyn, or if we had Med Surg, or the Operating Room, then we met with the nursing supervisors of those departments as well as the faculty. So we would have the faculty in that group meeting, and then when I became curriculum coordinator, then I wanted to be sure that there really was communication between all of us so that we were all on the same track teaching students.

The other thing we looked at also was when we went through faculty curriculum changes, that we had more meetings on a more regular basis to be sure that we heard all sides of what we were about to do, or maybe should or should not do, curriculum-wise. Again, there were very, very strong opinions on all sides, because we all wanted to hold on to our particular expertise and just not have it diminished in any way. More often than not, we came to some kind of a compromise.

Dunning: It sounds like you never felt like you were working in a vacuum or felt isolated, or were isolated.

Lisker: Never, never, never, because we also met with the staff of the hospital, so we had that communication going, too.

Dunning: And you'd meet with the staff in the hospital on a regular basis?

Lisker: They had monthly supervisors meetings and the faculty were invited to those meetings, so we could participate, because we were in the clinical division, and we had some questions—if we had questions about patient care, we could discuss it at those meetings. Sometimes we were welcome and sometimes we were not, let me put it like that. Mostly, we were welcome to the meetings, but I remember questioning the definition of "quality" at one point, and the director of nursing who was in the meeting, actually—

Dunning: The director of nursing in the hospital?

Lisker: At the hospital. This was Barbara Anderson. She became quite upset that I wanted to know what her definition of "quality" was. I probably wasn't terribly circumspect in the way I asked the question, got very upset, and I guess I kept on saying, "I don't see that as a definition of quality."

Dunning: Do you remember what her definition of "quality" was at that time?

Lisker: Basically they said, "Quality was quality," and there wasn't really a definition, and that was why I persisted in getting an answer. I was, at that point, asked to remove myself from the supervisors' meetings in the hospital.

Dunning: Oh, at that time. This was in the fifties?

Lisker: Yes. It might have been in the early sixties. In the sixties, when she was there.

Dunning: Do you remember what made you ask that question, or had it been building up for a while?

Lisker: It might have been building up. I think we were talking about the numbers of patients that were in the hallways, because we didn't have any space for them, and that we might have a screen around the patients, and give them a handbell to ring if they needed any assistance. It didn't seem to me, at that time, well, it wasn't actually—some of the supervisors were quite frustrated too. We basically had no place to put the patients because every bed was filled. But there was some discussion about how could you provide quality of care, monitor the patients appropriately, when they were lining up the hallways, as well as every room in the facility was filled.

There was a point when we couldn't transfer patients to another Kaiser facility. We didn't even think about doing it. Anybody that came into the emergency room that needed to be admitted was ill. They were very ill. They were patients with heart attacks, with congestive heart failure, may even have a bleeding verices from alcoholism, cirrhosis, strokes, hypertension, I mean patients who were really ill. It was an issue.

Dunning: What was your position at that time?

Lisker: At that time I was curriculum coordinator, so I was supervising the faculty in the facilities, all Kaiser facilities.

Dunning: Oh, in the hospital.

Lisker: Yes. I would check with faculty every day, or almost every day, to be sure that the adequacy of the patients and the assignments of students was confluent with their educational needs, and that we maintained good relationships with the supervisors and the staff nurses that we were working with in the facilities. This was particularly Oakland, because I also made rounds in Martinez, in San Francisco, Walnut Creek, and wherever else the students were affiliating, I would connect with faculty. But that was an episode that still lingers with me because I got so upset about it.

Dunning: Did you have any recourse about going back to the meetings?

Lisker: After a while. I was basically banned from the meetings for about a year, because what happened was Barbara called Josephine Coppedge who was the director—she called her and told her I wasn't welcome, and I guess she went and talked with the administrator, who was Gordon Kiersten at that time at the hospital, and I think he

may have had some conversation also with Josephine Coppedge at the school. I talked with her about it, and then one of the supervisors talked to me and said, "Clair, you really should—." What did she say? It was Maxine Kramer who is no longer with us. She basically said, "I think, Clair, that you shouldn't have asked that question." I said, "But come on, wait a moment. We're all in the same boat, we're all having the same issues, and you're sitting there and telling me I shouldn't bring this up, when it was a burning question for everybody." She said, "Well, I guess you would be Clair." [laughter] "I'm really not going to change you very much." I said, "I don't think you will. It's a professional issue for us as RNs that we need to be sure that the patients have the privacy they need and maybe we can do something about it as a group." But I came into the facility still. I was not barred from going into the hospital.

Dunning: You were barred from discussing it among your colleagues.

Lisker: Well, not among the faculty. Josephine actually supported me. But it was an interesting period for me, at that point. However, I just went on my way, kept talking to my colleagues on the staff and at the school. It sort of faded away, and gradually we didn't put patients in the hallways; we found places for patients. But that took a while. I think, at one point, there was also some intervention by the state Department of Health to come in and look at "the overcrowding." I know that we transferred patients to Richmond to make space for sicker patients at Oakland, so that there was that kind of transition. Once the patients could convalesce, and were not critically ill, they could be transferred to Richmond.

Dunning: That was the small hospital on Cutting Boulevard?

Lisker: Yes. That was before the new building. They always had space available so that the patients could go there, and we knew that they were getting good care. It took a great deal of the burden off the staff in Oakland, to be sure that those patients were okay.

Dunning: Did you find that the hospital nurses, was there some tension inherent between the faculty that would come to the hospital and the actual nurses there?

Lisker: No, it was a very good relationship, very, very good. In fact, many of the faculty were really best friends with many of the supervisory staff and the staff nurses. There never was.

Dunning: It wasn't split, two groups?

Lisker: No. And we would work with them. The supervisors would tell the faculty, "We've got some good patients for the students." Good educational patients for the students, because we kept the supervisory staff informed of the students' progress from an educational point of view. Actually, they had input into what we would do curriculum-wise also, because they were the people who were doing the hands-on care. We really needed to work with them and not be isolated as a faculty. That is not true in a lot of educational institutions. It's not. There is a division. I don't ever remember having that kind of a division at Kaiser.

What we did do also was we cut down the number of clinical hours for students per week, because the students were in the clinical division, probably thirty hours a week, plus classes.

Dunning: How many hours of classes?

Lisker: They might have six hours of class. Maybe more than that, depending. They could have anything from six hours to eight hours of class.

Dunning: A week?

Lisker: A week, yes. Then they had clinical practice. So you had both. It was getting to the point that the students were having trouble just keeping up with their studies. So what we did was we reduced the number of clinical hours to about thirty a week, I think it was, and that worked out better for the students, also. They had more time to think and read and study, and they could still get the kind of clinical practice they needed, because they were usually assigned, oh, maybe three or four patients. It wasn't one or two or just one patient.

Dunning: Three or four ones that they would—they were the only student nurses assigned to them?

Lisker: Yes, and the faculty would be with them in the clinical division helping them and observing and supervising and giving them a hand.

[Tape 7, Side B]

Dunning: Let's backtrack just a little bit, because right now we're talking about when you were curriculum coordinator. When you came back after getting your master's—you got your master's at UC Berkeley?

Lisker: UC San Francisco, the medical center.

Dunning: Oh, okay, UCSF. So you took a year to get your master's, and then how did you get your job at Kaiser? Were they waiting for you?

Lisker: Yes.

Dunning: Were you recruited?

Lisker: No, I'd been on the faculty. I was teaching a couple of classes. I wasn't just totally severed. So I just returned as curriculum coordinator.

Dunning: So you started off as curriculum coordinator.

Lisker: No, I started off as a faculty person. I started off as an assistant instructor, then as an instructor, and then curriculum coordinator, and then associate dean. So that was the transition over the time that I was there.

Dunning: Tell me more about—do you feel like the quality of education changed for the better?

Lisker: For us I know it did. I know it did.

Dunning: For the faculty.

Lisker: For the faculty it changed, because we had—faculty were qualified in all the clinical divisions. They came mostly, for the most part, they came in with good experience. We were a desirable school of nursing, from a recruitment point of view, because we had high academic standards, and we were a private school. We were accredited by the National League for Nursing, and we were in the top third academically of schools in the state, and I'm talking about UCLA and UCSF, in terms of student scores on state boards. We charged a minimal tuition. Fees were not comparable to what they were charged by other colleges.

Dunning: Would you talk more about the kinds of classes? I've read that there was an emphasis on the social sciences, the human growth and development classes. Did that happen right at the beginning when you were a teacher?

Lisker: Yes. Child Growth and Development was a class that everybody had to take in pediatrics. And the social issues related to patients being hospitalized, how their families were going to manage, what was going to happen to patients when they got home, that was also part of the curriculum. The psychological, as well as the sociological needs of patients, were integrated into course content. We had the opportunity because patients were hospitalized for a longer period of time than they are now, so we got to know them and got to know the family members who were coming to visit.

Dunning: I'm just jumping a little bit, but do you think that there was actually more emphasis on the social sciences, and you had more practical experience then than today?

Lisker: Yes. We had more time. What you needed was time. But we also had help from social workers who were on the staff at the facilities, and we would call them to help us and to give help to the patients and families. So again, it seemed as though it was just we had the people we needed to help us to promote the patients' welfare in a very good way. Some students and faculty did it better than others, but it was there—it was available. For new moms going home, we had visiting nurses who went out into the home to teach, to be sure everything was okay, and to be sure that the moms were comfortable and knowledgeable about their babies. We assigned the students to those nurses so they could see what was going on and could see the relationship between the parents and the new child. We sent students into the homes of patients who were discharged from the medical and surgical wards who needed help recovering from their illness, and the home-health nurses, social service, physical therapy, were an integral part of that department, and the students were placed in those areas.

Dunning: Did they have such classes as "Death and Dying" at that time?

Lisker: Yes. In the early fifties, Kübler Ross was the individual who really started it in England.

Dunning: So it was that early, in the fifties?

Lisker: Absolutely.

Dunning: Elisabeth Kübler Ross.

Lisker: Yes. We had classes. We had tapes of Kübler Ross talking. We had discussions on death and dying. It was part, again, of the clinical practices, students who would have patients who were dying, and how were they coping themselves, and how was the patient and the family coping. Again, if patients had a lot of pain, we were giving them the cocktail that Kübler Ross had designed to be sure they were relieved of pain and could die peacefully, which was—"live until they died," was really our motto. So that was, again, part of the curriculum.

Dunning: It seems to make a lot of practical sense and it was a human approach.

Lisker: I think what we were looking at, we were looking at from birth to death as a continuum. That was born in terms of the curriculum design also. The other issue was we had babies who died too, and children who died, so we needed to be able to provide the support for the faculty and the students, as well as the parents who were involved with their children.

Dunning: Were there specific counselors for the student nurses?

Lisker: No, no.

Dunning: They would go to the faculty?

Lisker: Yes. But also we would have meetings, because we also felt that the students needed that kind of help. Actually, one of the faculty persons was Sue Williams. Sue was a nutritionist, but she was also—her husband was a minister, and she had gotten a master's in religion as well as a master's in nutrition. She had a double master. So Sue was available to us and to faculty. We also had a very wonderful director of student health, one of our nursing staff, who was really, really wonderful. Her name was Kate Forrester, and following her was Bea Rudney. They were very warm, supportive, giving human beings, and had great communication with the students. The students would open up their hearts to them, really. They were wonderful.

Dunning: When you went back to the nursing school, it was about the mid-fifties. You never really left, but when you actually went back there, did you go back on a full-time basis?

Lisker: Yes.

Dunning: And how many students?

Lisker: We usually had about 170, 150 to 170 students.

Dunning: Over the three-year period?

Lisker: Yes.

Dunning: Did you still have that two new classes every year, or had that changed?

Lisker: That changed in about '58. We admitted one class per year.

Dunning: Prior to that.

Lisker: Yes.

Dunning: Did that seem easier in some respects?

Lisker: Yes.

Dunning: Going through the orientation once a year.

Lisker: Yes, it was much easier.

Dunning: In the fifties, did you see differences, beginning with the students coming into the nursing programs, in terms of—.

Lisker: Not really in the fifties. That began in about the sixties.

Dunning: Okay, well, I guess we'll save that for next time: the men, the single parents, and second career. So who was your population in the fifties? Pretty much the same as the late forties?

Lisker: Yes. They're mostly young women who graduated from high school at seventeen or eighteen, nineteen. No married women.

Dunning: Did they not allow married women?

Lisker: No, they had to live in the dorm.

Dunning: So if you were married—

Lisker: You didn't apply. No, that was later.

Dunning: What's your feelings about the new nurses' residences?

Lisker: [laughs]

Dunning: You had some stories about when you were in the dorm, and I saw the video of you walking through the old Piedmont Hotel. What are the pluses and minuses of the dorm?

Lisker: The pluses, I guess, were that we all really got to know each other. We had a very nice relationship with our classmates, upper and lower, because we were either big sisters or little sisters. That was the big plus. But we could also help each other academically, we could talk to each other about what was going on. And we gossiped a lot. I don't know if you saw *The New York Times* this week about teenagers and their talking and gossiping among themselves.

Dunning: Gee, I think I missed that.

Lisker: I'll give you the article; you can take it home with you. We actually, it was a very good relationship that we had. It doesn't mean there weren't cliques, there were. I don't know whether men do it, but women certainly did it. Overall, it was a good experience.

The faculty used to put on dinners. They would cook and the students would be invited once a month or something like that. We'd go to movies together. We'd go to the fraternity dances together. I don't know how that got started, but we did. So we'd be on campus, and that was good. Again, we were all single. Very little in the way of life experiences, I would think, at that point.

Dunning: You probably had more than most, having lived in London.

Lisker: I did. But I was living in a dorm in London, too. That was even more Nightingale-like than here in the United States. As students in KFSN we had to be in by ten o'clock at night. On weekends we could get a pass until eleven o'clock. If we were away at parents or with relatives, we had to have a letter saying that's where we were. I had an aunt in San Francisco. But that was the way it was.

Dunning: Would you have to get weekend passes?

Lisker: Yes. We always had to have weekend passes, and sign out where we were with a phone number so we could be contacted if need be. I don't know what for, but we had to leave an address of where we were going. Students didn't object to it.

Dunning: Was that basically the way it was in all the nursing schools that you knew?

Lisker: Yes, all of them.

Dunning: Residential dorms for all the three years.

Lisker: Yes. Did I mention to you my experience at Highland Hospital, when I was a student and had to have communicable diseases?

Dunning: No, you didn't.

Lisker: Can I do that now?

Dunning: Absolutely.

Lisker: I was just thinking about that the other day, and I thought, "Well, I must mention this because it's important." When we were assigned as students to affiliate for communicable diseases, we had our experience for six weeks at Highland Hospital in Oakland. When they discovered that I was "an alien," I was not a citizen, I was not permitted to live in the dorm like my classmates. They all moved to Highland so they could get up in the morning, have breakfast and go to the clinical division. I had to take a bus and go to Highland and be there in time for seven o'clock.

Dunning: So you were still at the Piedmont?

Lisker: I was still at the Piedmont Hotel. My classmates, that I was affiliating with, were all at Highland, living there, in the nurses' dorm. I was working in the communicable disease division where they were also. I was not permitted to eat in the dining room because I was not a citizen, so I had to take a lunch with me every day. My lunch usually, at that point, if I remember, was either tuna fish or peanut butter and jelly, and an apple or an orange. I got money to go on the bus every day, and I think it was a dime, so I had twenty cents to go and come. Because I was an alien, because I was not a citizen, I could not eat in the dining room, I could not sleep in the dorm.

Dunning: What reason did they—?

Lisker: But I could take care of—

Dunning: You could work.

Lisker: I could take care of critically ill patients with all kinds of communicable diseases, including polio and the Kenny treatment and the whole bit, but I could not sleep in the dorm and I could not eat in the dining room, because it was a county hospital and it was county funds, and I was not a citizen at that time. So I was discriminated against because I wasn't a citizen.

Dunning: And you probably had no recourse.

Lisker: All I knew was I couldn't be there because I wasn't a citizen. But I didn't even think in political terms. Later it dawned on me—this was crazy.

Dunning: That was tough.

Lisker: It was crazy!

Dunning: It must have added an extra hour to your day.

Lisker: More or less.

Dunning: Then you weren't with your other students.

Lisker: We couldn't talk about the classes and what was going on, and help each other academically.

Dunning: Was that the only time it happened?

Lisker: Yes.

Dunning: In the hospital situation.

Lisker: Yes. Which was fascinating. So I go off in my uniform and cape on the bus every morning. [laughs] Normally, I come back to the dorm at 3451 Piedmont Avenue in the afternoon when I was through.

Dunning: And none of your closest friends were probably there.

Lisker: No. They were all in the affiliation.

Dunning: That was for six weeks?

Lisker: Yes. But it was okay. I look back on it and think, "All right. I wasn't a citizen."

Dunning: Do you know when that rule changed?

Lisker: Well, I don't know if it's ever changed. Of course, they don't have a school of nursing anymore either. That closed in the sixties, I guess.

Dunning: That's quite a story.

Lisker: I meant to mention that, and I thought—

Dunning: Anytime you think of anything like that, we can certainly add it.

Lisker: Oh gosh. Sorry for jumping around.

Dunning: No, that's fine. I had a whole section on the student population, but I think I might save that piece until next time.

One area that I would like to talk about is if you remember certain health problems you were dealing with in the fifties. I know that there was a big polio epidemic.

Lisker: Those are the patients I took care of at Highland, because they did not come into Kaiser Oakland. If they were diagnosed, they went to a communicable disease institution.

Dunning: Okay, so Kaiser didn't have—

Lisker: We did not have a communicable disease ward. That was at Highland. That's where they had patients in iron lungs and Kenny packs.

Dunning: Kenny packs, you say?

Lisker: K-E-N-N-Y. That was the name of the nurse who designed them. They were basically little blankets that were put into a steamer. They were very warm and we used to put them on the patient's arms or legs or back, or wherever they felt, to try and relax the muscles, basically, keep them comfortable. It was very primitive.

Dunning: Did you work much with polio patients?

Lisker: Yes. When I was on affiliation with Highland I did. I never thought of catching the disease. [laughs]

Dunning: Did they have you take any precautions?

Lisker: Well, we were gowned. We had to practice. We would wash our hands and put gloves on, all of those precautions. Mask, yes.

Dunning: Was that the first time you had seen polio?

Lisker: Yes. It was very interesting. Patients paralyzed from the neck down. Some died. I can remember one patient at Highland who had rabies, bitten by a rabid dog. If you opened the door of the patient's room, even quietly, the patient went into convulsions and spasms. You couldn't make any noise at all because the patient would just convulse.

Dunning: The nerves were just shot.

Lisker: Yes, the patient died. Actually, a young man. The things that you remember, that just sort of sear your memory. Two little boys, as I mentioned, in pediatrics, when I was pediatric rotation, who died of—Sammy died of sickle-cell anemia, and Sammy was five. I still see his two big brown eyes. The other two children had—what's the lung disease?

Dunning: Cystic fibrosis.

Lisker: Cystic fibrosis, yes. So those events, just in one adult patient who came into the emergency room when I was a student, having severe chest pain and he kept asking the doctors and the nurses, or whoever was near him, "Don't let me die. Don't let me die." And he died.

The patient on the medical ward, a patient in his thirties with severe hypertension, who became very angry and threw things at everybody because he had no other way of coping, died. And the elderly patients who died quietly—they lived a good, long life—you could look at it a little differently. But children and young adults, I didn't like it at all. I wondered what the families were going through. Just awful.

Dunning: So you had a lot to teach your students, too.

Lisker: The other thing, I think also, that probably one doesn't—we needed it at that point. We had patients in the clinical divisions for long periods of time—is try and teach the students that maybe sometimes patients needed privacy with their significant other, that it was important that we respect that. If they want to hold hands or cuddle or whatever. Not necessarily have sex, but at least that they could put their arms around each other and be together. To try and instill that kind of sensitivity in students I think was also important, and not be derisive of patients and their significant individuals, that there was a relationship, and they were close, and that was fine, and that we needed to respect that. So those were the kinds of things that you sort of intertwined into the curriculum.

Also to be sure not just that you don't neglect what the pathology was, and that you could relate that to the various organs that were involved with disease, so that you're coming out with a patient-care plan that really makes sense, and that you know how to intervene, when to intervene, and to get additional assistance, dependent upon what you were looking at, on a fairly frequent basis during the day and when you're taking care of the patients.

Dunning: I'd like to clarify a little bit, where did you do most of your teaching? Right at the hospital?

Lisker: I taught classes on a regular basis, medical nursing, basically.

Dunning: Where were they?

Lisker: We had classrooms in the School of Nursing, in the dorm. The students lived above. The classrooms were on the first and second, third level.

Dunning: In the old Piedmont.

Lisker: In the old Piedmont Hotel.

Dunning: And that's where you did most of your teaching?

Lisker: That's where the hands-on teaching was done. The clinical was in the hospital, and you're integrating what you taught into the care that's being given to the patients. So you're taking from the classroom and going into the clinical division, and you're working with students and saying, "Tell me what your plan of care is. What are you going to be doing for the patients? What observations are you going to be making? Why are you making them? Can you tell me something about the patient's past history? Can you tell me why the patient's in the hospital right now? How is one affecting the other, and what are you going to do to provide the care that is needed for the patient, from a nursing point of view? And then, if anything should happen, or there's a change in your plan, what are you going to do?" So you wanted to be sure that there was some real critical thinking going on, as far as the students were

concerned, and to be sure that they were getting it, that they were providing safe care for patients.

Dunning: But at that time, when you were faculty, you weren't responsible for the patient.

Lisker: No. Actually, indirectly we were.

Dunning: Indirectly. You give your opinion and thoughts.

Lisker: Absolutely, because I was doing the same thing the students were doing; I was reading the patient's history. I was visiting the patient to be sure they were getting the kind of care they needed. But I was asking the students ahead of time and during, "What are you doing, and why are you doing it?"

It's interesting. We had a very wonderful, wonderful ward clerk on the old B ward. Her name was Vivian Jernigan. Vivian used to tell the students where I was. She would say, "The War Department is here."

Dunning: You were called the War Department?

Lisker: [laughing] The War Department. She was protecting the students from the War Department. She would let the students know where I was, what I was doing, what room I was in, who I was talking to. I'd tell her to stop it already. She was terrific. She just recently died and she was ninety-seven.

Dunning: What was your reputation as a faculty?

Lisker: I was tough. I was tough as a faculty member. It's interesting, the students, at the time, probably wondered, they'd try to come prepared for whatever question I might ask them. I think to listen to them talking with me at our reunion, when we had our fiftieth, and the comments and the letters they wrote in thanking me for the good education they received. At the time I was the War Department. [laughter]

[Tape 8, Side A]

Dunning: You had the reputation of being called, "The War Department." "The War Department is here."

Lisker: According to Vivian Jernigan, okay? Put it in perspective.

Dunning: How did you get along with the other faculty?

Lisker: Well, I felt I got along well with them. We had some, I would call them, discussions in relation to curriculum and the content. It was a collegial relationship. They had their point of view and I had mine, and we would usually come to some accommodation in one way or another. There was never a standoff, as I remember. The one time that the faculty had a standoff was when Josephine Coppedge and Helen Ross—Helen was the associate at that time and Josephine was the chairperson of the school. They went to a

convention of the National League for Nursing on curriculum design and curriculum change. They decided that we would really begin to look at the curriculum, its redesign and change, in a non-transitional sense, to throw out the old and bring in the new.

It created—I want to be sure I'm saying this correctly. It created a great deal of anxiety among all the faculty, including me, because what we were now going to do was have a different theme in terms of discrete courses to a holistic approach from birth to death. I'm not quite sure now exactly what it was. We were going to have students in each clinical division, whether it was pediatrics, OB, Psych, or Medical-Surgical Nursing, Operating Room, or Emergency Room, Home Health. We were all going to look at the same theme throughout the curriculum, which meant that the faculty would have students in their clinical divisions, who would not have had a background in medical nursing. They might start with birth, where you didn't have that kind of patient. It just created an absolutely divisive time among faculty, because even though we met on a very regular basis to try to integrate theory with practice, we simply could not achieve the correlation needed.

At that time, I addressed that issue in a faculty meeting—saying that a decision made by Helen Ross and Josephine Coppedge that we'd go in this direction was arbitrary and undemocratic.

What we did do, we compromised. In the early clinical practices students, we decided that we would try to incorporate these principles into the theory that was being taught, so that they could function safely in their clinical divisions. It really never worked out, so what happened was over the years we basically transitioned back into what we had been doing, so that the theory and practice were coordinated.

Dunning: For how long of a period did you try the other way?

Lisker: We must have tried for about five years. But it didn't in any way diminish the ability of students, as I could look back on it, to really pass their boards and get good scores. They still went through this transition, as difficult it was—and it was difficult for the students also, because they were saying, "I've never taken care of a patient like this. I don't know what to do. I don't have any theory to back me up." We were expecting them to write patient-care plans when they did not have the theory to understand and coordinate patient care.

Dunning: It seems like Josephine and Helen, that they were more involved with this new trend.

Lisker: Yes. They went to that one convention and came back with, "This is what we're going to do." The faculty said, "Whoa! Wait a minute! Let's see what it is that we're going to do."

Dunning: Was that the first real change that you saw in the fifties in terms of this trend?

Lisker: Yes, it began in the fifties, and then to try and go through with it. No, it was later than that. I don't know if it was later than.

Dunning: Okay, this whole incident was later than the fifties?

Lisker: Yes, this was probably mid-sixties. This was mid-sixties. I'm jumping ahead. This was mid-sixties. It really created a lot of difficulty for the faculty and the students to try to synchronize what it was we were doing theoretically with what they were getting clinically, and it just didn't work. We basically reverted back, but not totally. We reverted back to the kind of diagram and curriculum design that we'd had, with the minor modifications.

Dunning: Because it worked.

Lisker: Yes.

Dunning: For example, how would you teach psychiatric nursing or public health nursing? Was it always in this six-week block?

Lisker: Well, the theory was taught at the same time, so it was integrated. So you had the theory. You may have had some theory prior to going into the clinical division, so you had a background of theory to work on. When we had students who made home visits with the home health nurse, we were always talking about what we would do when the patient was discharged. So that was part and parcel of our theory, and how you would look at the patient in the home and the family constellation, and how they were managing to take care of whomever was ill. Or if it was an adult, how they were coping themselves, and how the family was coping. We had a hospice also.

Dunning: You had the hospice?

Lisker: Hospice. We had a hospice unit.

Dunning: Okay, so there was a hospice unit even in the fifties.

Lisker: No, in the sixties. We were actually looking at what Kübler Ross had done, and how to take care of patients who were dying. So there was a lot of discussion prior to our opening a hospice. The first hospice, actually, had opened at Hayward. It had opened and it had been ongoing there for a few years before Kaiser Oakland had a hospice unit. We had a lot of patients at that time who were dying. But actually it was a respite for the family. During the last six months of the patient's life, they were admitted to the hospice unit as needed. These were patients for whom all medical interventions were exhausted.

Dunning: Was Kaiser advanced in that area? Were they among the first?

Lisker: Absolutely. Kaiser was always at the forefront of everything. We have really blazed the way in terms of nursing practice, medical practice, you name it. Kaiser has really done it, and done it well. I keep on telling people who still bitch and moan about Kaiser, who are not Kaiser members, that if Kaiser had not been as good as it has been, it wouldn't have lasted. So there may be difficulties at times, but Kaiser has

given good care to thousands of patients in California. Excellent care, actually. So I'm bragging about Kaiser. [laughter]

Dunning: Did you know much about nursing research going on in the fifties? Were there certain trends in nursing research?

Lisker: There were a lot. We had a magazine on nursing research. Basically, we were looking at critical incidents in the quality of patient care. They're still with us, actually. One was the number of patients who might fall out of bed, how it affected patients; the other was medication errors, big problems; premature discharge of patients; patients with diabetes, if newly diagnosed, did they know how to give themselves insulin, did they know what their diet was; the kind of appropriate teaching that would be done for patients before they left the hospital. But that's done mostly on an outpatient basis now.

Dunning: Do you think most of the research was very connected to the clinical practice?

Lisker: That was a lot of it. It was also a lot of research related to nursing education: the length of nursing, the quality of nursing education, the competency of faculty, the fact that—how many really good schools were there teaching nurses how to teach? Where were they educated? Columbia, University of Pennsylvania, Wayne State, UC San Francisco, UCLA, University of Chicago. There were pockets that had really good places for research, but it really blossomed, I think, in the sixties. The numbers of nurses with master's has not grown as rapidly as one would hope. The same is true of nurses for Ph.D.'s, doctor's in education and in research, doing research. There are more, but there are not enough that are graduating in nursing, academia, but it's getting better.

Dunning: Maybe we can talk about that a little more next time when we're talking about how some of the nursing research blossomed, too.

You haven't talked too much about the physicians. Everything you've said, you've seemed to have gotten along pretty well with the physicians on the floor. Anything you'd like to add about that, in this fifties period?

Lisker: I think the physicians really were very, very helpful, from an academic point of view. They were teaching classes to the students. We got physicians to teach. In the clinical division, we used them for patient-care conferences.

Dunning: You may have mentioned a few of those names the last time, but do you have any right on the tip of your tongue?

Lisker: I know that Dr. Phillip Raimondi taught classes, as did Dr. Harry Kirby. Dr. Driver, who was one of residents. The resident physicians were very helpful. They spent a lot of time preparing for the classes, and there was a very good relationship between physicians, instructors, students, and nursing staff.

Dunning: Was that with just with you, or among the staff?

Lisker: With the staff and with the students. We had some students, I think, who married a couple of doctors. There was a little bit of help going on on the side too, with the residents, which was fine.

Dunning: This is a little bit of an aside. I was reading some of the old oral histories that were done from a pioneer series. There was a story about how tonsilectomies and adenoid removals were so popular in the fifties, and there was a huge backlog at Kaiser. [laughter] You probably know what I'm going to tell you, the story about Sidney Garfield going in early every morning to perform the T and A's, and that caused a little bit of a problem with the California Medical Association. Did you know anything about this when it was going on?

Lisker: [giggling] No, no, no.

Dunning: Had you heard the story?

Lisker: [giggling] No, no, no, no.

Dunning: How come you're giggling? [laughter]

Lisker: Well, I think you know the medical association was always fond of looking over their shoulders at Kaiser. But I don't think they could find anything. After a while you became almost immune to it, but it was threatening; there was no question in my mind about it at all. They'd love to see Kaiser go under because they felt it was an economic threat. It had nothing to do with the practice of medicine or surgery. It had a lot to do with economics. That was part and parcel of just being a Kaiser employee, frankly. At cocktail parties, you just wanted to put earplugs in because of the "horror stories" about Kaiser.

Dunning: Cocktail parties?

Lisker: The guests at these affairs, if they found out you were a Kaiser employee, would talk about what a terrible place to work. I said, "What are you talking about? Please don't talk about it." Actually, the worst thing that ever happened to me was flying back from Acapulco. A couple got on the plane, whom we knew, and they were no longer Kaiser members, but that woman went on and on and on and on. I finally said, "Look, enough. I don't want to hear any more about Kaiser. It's a great place to work; I enjoy working there, and I'm glad you're not a member anymore." [laughter]

Dunning: Would you see Dr. Garfield and Cecil Cutting, would they be wandering the hospitals—or I shouldn't say wandering, but walking around?

Lisker: Oh sure, all the time. All the time. A lot of the people didn't know who Dr. Garfield was either. He'd come through the clinical divisions and stop at the desk. Of course Vivian, the secretary that I mentioned, knew him very well. She was something else. She would say, "Now, what are you looking for and what do you want?" It was always in a very nice way. He'd just smile and walk on. [laughs] He didn't talk very much to people as he meandered through, but he did that on a regular basis.

Dr. Cutting, because he was in the operating room a lot, you didn't see him walking around as much—you'd see him on the surgical ward. Again, very, very pleasant, just a lovely individual. Soft spoken, very helpful to the students. When he and his wife would invite the classes to their home for swimming parties in Orinda, we used to have a wonderful time. We'd also go to Walnut Creek, to what is now our Walnut Creek facility. When first bought there was a lovely home on that tract with a big swimming pool, and the students would be invited there.

We were invited to Mr. Kaiser's home in Lafayette when he was married to Mrs. Kaiser, Ally Chester, for dinner and for graduation parties. It was just fabulous.

Dunning: The whole class?

Lisker: The whole class would come. It was just elegant. It was just fabulous. This was also the relationship with Dr. [Morris] Collen. His wife would also invite the students to their home. They lived in Walnut Creek.

Again, the physicians' wives, they had an association, and they helped to stock the library at the School of Nursing. They would provide funds for books. They were very helpful from that point of view. Everybody at that time seemed as though this was something we had to make a go of, and that we would work together to do it. It was an absolutely wonderful relationship. Of course, as we got bigger and bigger and bigger, that was something that really disappeared, unless you were in one place for a long time where you knew everybody and got to know the new people that kept on coming on then as the older people were moving on or moving out or dying. But in the beginning, and actually through the sixties, we worked very, very closely together with all of the staff from the hospital, the physicians, the surgeons. It didn't matter whether they were in ObGyn. I can remember Dr. Robert King who was chief of ObGyn. He was wonderful. Dr. Thomas, Dr. James Harkins were supportive and they'd take the students with them, "Come with me and I'll show you what I'm doing so you'll know how to take care of patients." That was the kind of relationship that existed. It wasn't all grim; there was a lot of happiness and fun and work and knowing everybody and working together.

We had a great chef, so we'd get good food all the time.

Dunning: In the cafeteria?

Lisker: Yes. Not this stuff that comes out of—like airplane food the patients were eating, but we had a great dining room. I can remember the patients' food would come in warming ovens—plug it in, warmed it, and served the patients their meals. But the staff also got good food. Great chef and a great pastry maker. [whispering] He was a big guy.

Dunning: He was a big guy?

Lisker: Yes. He liked his own cooking.

Dunning: So you had quite a vantage point, you know, coming right at the beginning, and seeing that.

Lisker: Yes, just the transition, where we changed to airplane food. [chuckles] Heating it up in the microwave and giving it to patients.

Dunning: And that was in the early seventies?

Lisker: It was before that. I think it was probably mid-sixties that we began to have microwaves.

I wanted to go back and talk some more about Josephine.

Dunning: That's right.

Lisker: Now we're sort of in the sixties, but she came in the fifties.

Dunning: You could actually start the story, and if there's more in detail during the sixties we could do that.

Lisker: What she did is she came and replaced Marguerite MacLean. Helen became her associate, Helen Ross—Helen Rice, Ross, before she got married. Helen was basically the person to whom all of us reported at that time. Josephine ran the school, but she didn't do any teaching. She taught a class on deportment, I guess. You know, I'm talking fifties here.

Dunning: What is that class?

Lisker: On deportment. How one dressed. How one had an appropriate hairstyle.

Dunning: As a nurse?

Lisker: Yes.

Dunning: It had to do with nursing image, the standards?

Lisker: Yes, the image of the nurse.

Dunning: Deportment.

Lisker: Yes. [laughs] I'm not sure it was called deportment, but basically that's what it was. How we deported ourselves as—I was faculty at the time. We used to go mad. How to put nail polish on. That's stuff that we felt was sort of inappropriate, but that was her thing. She wanted to be sure that there was an image of the nurse that was like in the pictures that you see with the nurse going, "Ssshhhhh." The cap, the cape. It had its advantages, I guess, but I can remember just seeing if your students had long fingernails, because if they gave the patient a back rub you didn't want them sticking their nails into the patient's skin. Also, in terms of infection control, that they had

clean fingernails, and that their uniform was clean. So this was part and parcel of what Josephine would talk about, the image of Kaiser. As a Kaiser nurse, you had to know there were expectations of you as a Kaiser nurse. You couldn't be boisterous; you had to be polite at all times, speak to patients politely and as human beings, and conduct yourself appropriately.

I know that she called some students into her office to talk about their dates with other than their own kind, which was inappropriate—we sort of tried to put a stop to that discussion quickly.

Dunning: Would that be Caucasian women with African American men?

Lisker: Yes.

Dunning: That was a no-no.

Lisker: Absolutely. We had a discussion with her about that, saying that was inappropriate to start off with, not our role, not her role. It was the student's business. She came from Washington D.C., and had been in the army. She should have known better, actually, than that. I think that if you're inclined in that direction it comes out in one way or another.

Dunning: I know Washington was a very segregated city.

Lisker: Yes. We basically said, "You can't do that here. It's just not kosher." But she did.

Dunning: She continued.

Lisker: No, she didn't; she stopped. She had to stop. We had some difficulties also because the faculty basically interviewed all the students who were admitted to the school. We looked at them from an academic point of view and how they were doing in high school. If you look at the class pictures for a while they're all totally white, which was an anathema, it was just totally an anathema. Our patient population was a mixture.

Dunning: It also was a change from those early classes, too.

Lisker: Yes. The first class I taught was totally mixed, in every which way. So that, we said, "We cannot keep on doing this. We have to have minority students. We have a population that deserves that we have a mix of students of various ethnicities." If you look at the pictures then they began to change.

That's when we also began to look and see, "Can't we get some male applicants?" That was in the sixties, late fifties, early sixties. We said, "We've got to have some men. You have men who are nursing in England, lots of them, but we don't have them in the United States in the numbers." So we really began to look very strongly at seeing how we could recruit men into nursing. We would go to various high schools in the area. I did a lot of that. We wanted to be certain that male high school students were included in the discussions that we had.

Dunning: Do you remember the initial reaction you had from high school students?

Lisker: Well, basically it was okay. There's always one or two young men who would say, "I'd like to be a nurse. Can you tell me how I could do it?" They seemed to have—it was not just a nurse. It was become a nurse, but then they could go into anaesthesia, become a nurse anaesthetist, or they could go into nursing administration. They didn't see themselves as a nurse as a nurse as a nurse; they saw themselves on a continuum. It was very interesting. Some of the women, but quite a lot of the men. [pause] I think our last class had quite a few men. I'm going to have to count these out.

[Tape 8, Side B]

Dunning: You said off tape, that you were going to do a breakdown on men for the next time.

Lisker: Yes, I'll do that.

Dunning: Is there anything else you'd like to add about Josephine?

Lisker: Again, Josephine had the same ideas as Marguerite MacLean. She wanted to be sure that we continued on the same academic road of excellence. Again, there was real emphasis on appropriate faculty, well-qualified faculty, and the faculty in the numbers that we needed them. Josephine was also very helpful in increasing our library collections, getting librarians on staff for the students, assuring that we had accommodations that were really conducive to education, that were comfortable. She was really into decorating. She liked to have a nursing school that really was up to her standards in terms of furniture and elegance. We had a nice living room or two for the students.

Dunning: This, again, was at the Piedmont.

Lisker: At the Piedmont. Everything was at the Piedmont Hotel. We had taken over the entire facility at that point, so there was a major remodeling and redecorating of the student rooms, which didn't change in terms of size or beds. We still had the bunk beds from the shipyards. That didn't change, but we got new comfortable mattresses and good pillows, nice warm blankets, and things that the students would enjoy—good lighting, desks. The other kinds of things that the students had—we had sewing machines, we had a washer and dryer if students wanted to do their laundry. Ironing boards, irons, clothes hangers. We had an oven that worked, and pots and pans.

Dunning: Could you cook?

Lisker: If the students wanted. The faculty had their own kitchen, so we could. We had a refrigerator, we had a stove, basically if we wanted to warm things up, and a microwave. The students had the same kinds of things. She had nice serving pieces. She was really big into that kind of stuff. At the same time she wanted to be sure—she went to bat for those kinds of things—she wanted to be sure that we had the stuff that we needed academically. So we had the duplicating machines, we had good

blackboards, we had audio-visual; we had everything that we needed to provide the education for the students.

Dunning: And all this came from the Kaiser Foundation.

Lisker: That's correct. Josephine went to bat for that. At the same time, we were beginning to charge students fees. I think we ended up with an annual fee of about $4,000.

Dunning: By the end, but the seventies.

Lisker: By the seventies.

Dunning: Do you remember the early ones?

Lisker: I think it started out about $500 or $600, but then it gradually increased over the years. It was never onerous for students, and we had scholarship assistance for students also, so they could work things out. But that was Josephine's main target, that we continued with our academic excellence, and that she provided a home-like atmosphere for students.

Gradually, we modified the rules and regulations and students could be out until midnight. As time went on, we had students who could apply who didn't have to live in the dorm; they were married. So that's when that began.

Dunning: That was in the sixties. I would like to really zero in on that the next time, too, because that does seem like a big—.

Lisker: That was a big shift.

Dunning: The sixties were something else, anyway.

Lisker: The sixties was our transition period. It was the time of the Free Speech Movement. There was all that stuff going on, so that affected us, too.

Dunning: Absolutely.

Lisker: So we admitted married students and men.

Dunning: Because that whole sixties was a backdrop for everything happening at Kaiser, too.

Lisker: That's right.

Dunning: Anything you'd like to say about Helen Wright?

Lisker: Yes. Helen was the assistant director, I guess, at that point. She was the person who really guided the faculty. She was fairly authoritarian, and that's where we used to get in clashes with Helen. We had to keep on telling her that she just could not make decisions for the faculty, that the faculty did have to have a say in how we progressed,

and what we did. She came from Boston, need I say more? [laughter] [note: Judith Dunning was raised in Boston]

Dunning: I don't know if that has anything to do with her being authoritarian or what.

Lisker: I think it's always a transition for people coming from the East to the West, to start off with.

Dunning: California probably seemed so free.

Lisker: Yes. She had her own ideas about how students and faculty should operate. But basically, when push came to shove, the faculty really decided and Helen agreed. We had control over the curriculum; there's no question in my mind about that.

She also wanted to be sure that the faculty that we had and that we hired were well qualified, and basically gave department heads, like whoever was head would be of pediatrics, they basically had a fair amount of control over the content of the curriculum. Helen, once it was all settled out, and she had reviewed the goals and objectives, which we had to do for everything we taught, that the outline was appropriate and that she concurred with the content. So that, and if she had ideas, or suggestions for change. We always listened, and we incorporated a lot of her ideas, but it was basically saying, "Wait a minute. Let's discuss this more."

She again wanted to be sure that the courses in the colleges were what we wanted. She communicated with the various colleges also, and where the students went for their additional clinical rotations. For example, if they went to Martinez for psychiatric nursing, or Stockton State Hospital, usually Helen arranged whatever formal contracts we had with those facilities, that they were appropriate, and that the education was what we wanted. We were at Palo Alto Veterans Hospital, also. Then I would visit the psychiatric institutions when the students were affiliating, to be sure that what they were doing was what we wanted, and talk with the faculty—we had our own faculty who went to the facility with the students, to be sure that we were on board with that.

Helen taught—what did she teach? Helen didn't teach many classes. Betty Byers, who was another assistant, taught history of nursing. Betty did some supervision in the clinical divisions also. Then she retired.

I'm just trying to think of who all in the faculty—I'm going to have to talk to Betty Smith. Betty came in the late fifties as a faculty person. She's living in Pinole, so I'll call her and talk about this. She remembers things better than I do, in the sixties.

Dunning: That might be a helpful conversation.

Lisker: Yes, I'll talk to Betty and ask her about these thing also, to be sure I have the right facts.

Dunning: If you don't, you'll always have a chance to look at the transcript and you can add them. I think we'll wind down for today, if that's okay with you.

Lisker: The time goes so quickly.

Dunning: It really does. [laughter] Next time we'll focus on the sixties.

Lisker: I'll find out about married students and men, and the changes that happened also, and what was happening at that time that we were beginning to talk about affiliating with the four-year program in the late sixties. I want to be sure I talk about that.

Dunning: Because that was a big movement.

Lisker: Major.

Dunning: Well, thank you very much.

Lisker: You're more than welcome. It's my pleasure.

[Interview 5: March 14, 2002] [Begin Tape 9, Side A]

Dunning: Today, we're planning to talk about the 1960s period. I don't really think we can talk about Kaiser without acknowledging some of the events happening in the country, and what I'd like to explore today is how some of these events impacted nursing education and health care at Kaiser.

One of the first I was going to start off with is the impact of the Civil Rights Movement. Starting in the late 1950s, increasing numbers of civil rights advocates began to challenge racial bigotries in laws and mores of the country. During our last session, you described the students in nursing classes at Kaiser in the late fifties as being white and single. You said, "We have a patient population that deserves a mix of students." Will you elaborate on this? Feel free to add anything about earlier in the fifties as well.

Lisker: Well, I think if you look back to early fifties, the diversity of students was remarkable. We had students who were Asian, Samoan, Filipino, black. We had some Native Americans, which was very interesting. As we went through the fifties and I was going through the roster of students, what one finds is that there is a lessening of the numbers of black students that were admitted—a lessening of all ethnicities except white—but, what there was, there were always Asian students in the student population. Where we might have one black, we could have three or four Asian students in a class. Mostly, I think in the late fifties, early sixties we had a predominantly white student body, and maybe one or two Asians, but no blacks for a while.

The faculty at that time were concerned. When we interviewed students, we wanted to be sure we had a cross-section of all nationalities. We did discuss this at faculty meetings, or we discussed it within the various divisions like Medical, Surgical, OB. Because looking at our patients, we again had a very diverse population, and, as you had mentioned earlier, the political situation in the United States was really gearing up at that time in terms of segregation and what could be done about it. [tape interruption]

Looking back also, we did not admit married students, and that was an issue for a number of us. We also felt that probably we could get a more seasoned group of students.

Dunning: Going back a little bit to the change in ethnicity from the early fifties to the late fifties, to what do you attribute that to—the lessening of black students and other minorities?

Lisker: I'm not sure whether it was a lack of applicants. I know we were going to all the high schools in the area recruiting students. I took a trip to Lakeport. There aren't very many black students in Lakeport, for sure. Other faculty went into the Oakland/greater Bay Area. We tried to get some Hispanic students, which was very difficult. I relate it actually to, maybe lack of knowledge that the school was there. We didn't do very much in the way of major advertising. We communicated, actually, with all the counselors in the various schools, but a lot of that message apparently didn't get through to students—that was a problem also.

I think, generally, we were looking at students who came in with good grades from high school. I'm not sure, again, that our focus was on ethnicity. I think that came a little bit later—where we began to say, "Now, wait a minute, you know we only have white students or one Asian or two in the class. Look at our patient population. We have to have a mix to take care of our patients." Back in the fifties the education of students was not comparable to the traumas that we're going through now. We had students who came in with very good grades, whose English was very, very good, who could write, who could document appropriately in patients' records. The education of the students was better then, I think, in high school students than it is today—so that helped. We became focused, as a group—the faculty—that we've really got to increase the number of merit, black students that we have in each class.

Dunning: Did you get support from your higher-ups?

Lisker: Yes, because the students who came in, basically came in with very good grades. So there wasn't an argument related to that, and we never had any overt discussion of racism as such. We were aware that we must do something about the patient-student population.

Dunning: Did you ever remember comments from patients about wanting different kinds of students?

Lisker: No, the students were accepted by the patients. White patients didn't always want to be in the same room with a black patient, but that issue was basically resolved and that was the way we were, and that was what going to be. Nobody forced you to join Kaiser. This is our policy—that was always supportive. I don't ever remember any patient saying, "I don't want that student taking care of me." The issue came probably in the early seventies when we had men in OB—the nurses, but I'll talk about that later. That was a different issue. [laughter]

Dunning: When did you start seeing more minority students come into the nursing program?

Lisker: We got more in the mid-sixties. The numbers began to increase, and we made an effort all the way through to be sure that we had a good cross-section of students.

Dunning: One of my questions, which you touched upon a little bit, is how the nursing school recruited students for the nursing program. You mentioned going out to high schools. Was that a responsibility of everyone on the faculty?

Lisker: Yes, it was. It was decided—actually, we decided that we had better talk to middle school counselors because it was important that the students got the kind of program that they needed in high school. They needed to be prepared when they went into high school. We went to all the high schools in Oakland, that was just a given. Then, we sort of branched out and went to some out in the country because we'd had some students who'd come from places like Lakeport, come from Dinuba in the Valley, Fresno—students who came from Grass Valley. We would zero back into those high schools and take that student with us. They would also help with the recruiting because they knew the area—they knew the teachers.

Dunning: You were kind of a nurse-ambassador?

Lisker: More or less.

Dunning: Did you enjoy that?

Lisker: I loved it—I loved it. On top of it, I saw some of the country I'd never seen before. I enjoyed that. All the faculty participated.

Dunning: Did Kaiser ever have a nurse internship program for high school students to give them hands-on experience or was it mostly explaining it to them?

Lisker: This was primarily in the late sixties that we began to affiliate with Tech High in Oakland—the technical high school. They had a nurse on campus with whom we communicated. We would talk with her about the program at the school. She organized students who were interested in the medical field broadly, not just nursing. Each summer we would have a group of high school students who would rotate through the various departments in the hospital and have a mentor—somebody who would work with them to show them how things worked, but not any hands-on care for patients.

Dunning: No bathing or help.

Lisker: No, no. Just observation, and with the permission of the patient obviously. You always let the patient know that you were having somebody who wanted to see what nurses did.

Dunning: How successful was that program?

Lisker: Actually, it was quite successful as far as nursing was concerned. We had some students who went on and became graduates, but a couple of them went to Merritt College of Nursing. They came back to work for Kaiser. It was very few, but it was just enough that we felt that it was successful.

Apparently, in other departments within the facility, for example, radiology and lab, business office, dietary, housekeeping, some of those students when they graduated from high school went on and got a certificate in radiology, or they became a pharmacist assistant so they could find out what pharmacists did. They were in all departments—maintenance, you know.

Dunning: That makes a lot of sense.

Lisker: Yes. That's still ongoing. Each facility, where Kaiser was located, had such a sponsorship with a high school in the community. Ours was with Technical High School in Oakland.

Dunning: I was reading about a pilot project that's going on now, or recently. The Mayo Clinic had a program in which RNs become mentors to sixth grade students. They exchange

weekly e-mails, and then, at the end of the year, the students visit the hospitals and the nurses visit the schools. They're hoping that it will get middle school students interested in the field.

Lisker: It has to be middle school students, because you're lost in high school if you don't have the classes that you need.

Dunning: So it's almost too late.

Lisker: It is. It is, unless they decide to go to community college to make up for the deficiencies. Sometimes that's not even feasible for some students, particularly the financially disadvantaged students.

One of the things I wanted to talk about later is the kinds of monies that Kaiser is providing to students in the community, in the Kaiser community in California, who are affiliating with Kaiser facilities from their colleges or school of nursing, the scholarships that we have provided, and the kind of in-service education that's provided for students. But, I'll talk about that because that's mostly the seventies, not the sixties.

Dunning: Generally, what do you think are some of the best ways to recruit students?

Lisker: I like to do a lot of things. I like to have students come in and see how people in the hospital work. I think that's very helpful. You've got to get them in junior high. You continue the program in high school. You have to have the support of the guidance counselors in schools. You've got to work with the guidance counselors also, to let them know what the requirements are, because some of them are totally unaware.

The other factor is that we've got to make nursing a profession that is satisfying to students, not just in terms of psychologically satisfying, but also emotionally satisfying and satisfying in terms of compensation.

I think we must provide students with an internship when they graduate from nursing school, to help them from the point where they're a student to becoming a full-fledged RN, where they can function independently and feel secure. In many instances, brand-new graduates are put into situations where their patient assignments are too large, too complex. They are very much left on their own without the kind of mentoring that they need to have—to be sure they're making the correct decisions regarding their observations and their background knowledge about the patients that they're caring for. There is a wide gap that somehow must be filled.

One of issues, of course, that is interfering with, if you want to use that word, the numbers of recruits into nursing, is the diversity of occupations that are now open to nurses that, apparently, are much more satisfying than nursing is. You can become an architect. You can become an engineer. You can become a physician. You can become anything you want. You can go into computers.

Dunning: Whereas you were saying, when you graduated from high school, you could be a nun, a nurse, or a teacher.

Lisker: That's right. That's the change over the last fifty years that has opened up for women. In fact, some of our graduates are practicing law. Some are recruiting opera singers. [laughter]

Dunning: Are they still nursing at all or is this their other career?

Lisker: No, this is their career. They have gone out of nursing because it was too stressful, and it can be very stressful.

Dunning: That was a question, and we might as well jump into it now: how does a nurse handle stress, emotional stress but also the back injuries and—?

Lisker: We always had classes on how to take care of one's physical bearing, classes on lifting, turning, but in a rush, when you're taking care of a patient, you sometimes forget the rules and regs. You do end up with back strain. You do end up with injuries. You do have patients who lash out, who throw things because they're sick, not because they want to hurt you. They are ill.

Knowing how to cope with the abusive patient is also part of the curriculum, and understanding of why it is happening with that particular patient. That doesn't solve the problem if somebody throws something at you or just screams and is abusive verbally. But at least, it gives you an understanding that the patient is ill, that's why the patient is in the hospital. We have an obligation to do everything we can to help the patient to improve or maintain the status of whatever it might be.

Dunning: How did you keep yourself healthy?

Lisker: Good heavens. [pause] I know that I was "Super Mom." I had to do everything.

Dunning: By the early sixties, you had your two children.

Lisker: I had two children. I had a master's.

Dunning: Wes was born in '54.

Lisker: Susie was born in '56. I was working nine to two. I had a full-time housekeeper, but I was working nine to two so that when the children went to school, I went to work and came home when they came home from school. That worked out very well, but I still had household help. I can't say I was overburdened.

Dunning: Did you work—you said you were on maternity leave some of the time?

Lisker: When Wes was born, I actually only took a month off, and I went right back to work. When Susie was born, I think I took about six months. But at the time she was born, Fred had had surgery for cancer of the thyroid. That was sort of a big push for me, in

terms of being sure that I got more education, that we were more secure financially. We didn't really know what was going to happen, but luckily, he's been fine all these years. He had a radical neck dissection.

Dunning: He was a young man.

Lisker: He was thirty-two when that happened—no thirty-four, excuse me.

Dunning: That must have rocked the household.

Lisker: It did. It rocked it a lot. Because then, you had the three-month check-up and the six-month check-up, blood and urine, and kidney stuff.

It was when I was pregnant with Susie. Susie was born in '56 so it was '55.

Dunning: 1955. Here, it's been almost fifty years.

Lisker: That was stressful in that respect, but it was—

Dunning: Do you think you would have gone back to get your master's anyway?

Lisker: Yes. I would have.

Dunning: It seemed like at that time that was—

Lisker: I had to do it then. Now, I've got to do it. I've got to go back to school.

Dunning: Because you didn't know what was going to happen.

Lisker: Absolutely. But, looking back, it was probably one of the best decisions I ever made. I enjoy teaching anyway, and I knew I was going to continue. I didn't want to be "housewife."

Being, as my granddaughter said, "Grandma was a foreigner. She was an alien." She described me as an alien. To get integrated into the neighborhood was a little bit difficult for me, this neighborhood.

Dunning: Oh, this neighborhood. I was going to ask you about that. How was this neighborhood? What was it like when you first moved there?

Lisker: [pause] It was a neighborhood where we moved in with Wes, who was a year old at the time. It was not a friendly neighborhood.

Dunning: For the sake of the listeners, could you describe what your neighborhood is called?

Lisker: Claremont section of Berkeley. But it was primarily upper-middle or upper-crust types. Primarily Republican. I think that might have had something to do with it because we were staunch Democrats, who supported all the Democratic persons who

were running for Congress. We were involved politically, and in the sixties, we went with the children on all the peace marches in Berkeley. We went to the various community meetings that were being held.

We had some children who would write graffiti on the sidewalk, which was not very comforting.

Dunning: What sort of graffiti? Was it aimed at you or your whole family?

Lisker: It wasn't anti-Semitic, but it was ugly words regarding being Democrats or being involved in the peace movement. We were almost Communists.

But that has changed in the last fifty years, and now it's predominantly Democratic. Politically, the whole scene has changed and younger people have moved in as the older folk have died. But, that was not a comfortable situation for me.

Dunning: It seems like it wouldn't be comfortable for your children, either.

Lisker: Wes came in one day and said, "Mama, what am I?" I said, "What do you mean: what are you?" I said, "You're a wonderful little boy. You're half-Irish, and you're half-Jewish, and you're all-American. Who asked you: what were you?" He said, "Timmy did." I said, "You tell Timmy what your mom has just said." That kind of an issue was there, also. But, we've never experienced overt anti-Semitism.

People have asked me, "What have you done in relation to the children?" Primarily, we wanted them to have a history of the Jewish culture, so the children went to a secular, Jewish school on weekends, on Sunday I guess. We did that for quite a long time. Then, Susie one day said to me, "Mom, but what about the Irish?" I said, "Don't worry about the Irish. They're fine. You don't need to go to school to learn about being Irish."

Dunning: Just listen to your mom. [laughter]

Lisker: That's right.

[Tape 9, Side B]

Lisker: The one problem I had: one of the, I won't mention her name, staff at the hospital, when Fred and I got married, said, "It's not going to work." I said, "We'll have to give it a chance and see if it's going to work or not." Then, one of the other nursing administrators said to me, "Clair, how's your Hebrew husband?" I said, "He's American, what are you talking about?" I don't know if you've experienced anything like that. Happens in the best of families. I think, again, you've just got to go with the flow and say, "That's not appropriate and that makes me very angry when I hear something like that. It's bothering me. I don't know what it's doing to you, but it's really offensive to me." I usually made that kind of statement.

Dunning: You're very strong-willed, and it seemed like you didn't back down from people when they said something.

Lisker: No, no.

Dunning: You always seemed to have an answer. You taught your children to speak up, too.

Lisker: Yes, absolutely. I think you need to in this society.

Dunning: And to stand tall.

Lisker: Absolutely, absolutely. They have a wonderful background from both sides of the families. Also, they've had a good education. We've tried to teach them to be tolerant and to respect people, but not to take anything that is offensive, to come right back. Most all of us bleed red blood; we all are going to die. We all have some kind of faith or something that we believe in. The children have to understand that.

Dunning: It seemed like you made a special effort to make sure that your children understood that.

Lisker: Yes, they've also done the same thing with their children, which is nice, which I like to see and hear. I'm pleased that that's continuing. The world is just much too small; it's too small. We can't have the killing and mayhem that's going on continue. It is just appalling. It's appalling. I don't want to get into politics.

Dunning: I'll bring you back then. I know Kaiser didn't allow married students, but they allowed married faculty, obviously. You were. When did that whole discussion come up about accepting married students?

Lisker: We began to get more and more applicants from married women.

Dunning: In the sixties?

Lisker: Yes. You couldn't ignore what was going on all around you. We began to say, "Look." Some of the students actually pushed it because they said, "We're adults." Some had graduated from college. It was a second career. They were coming back. They didn't want to live in the dorm because the cost was going up. They had apartments in the community. They could share apartments.

At that point, probably in the mid-sixties, we began to lessen the rules. Students could stay out until midnight. We needed to know where students were if they were out in the dorm. That kind of oversight continued, but there was really a lessening of the rules. And then, some of the students were married.

Dunning: Was that happening in other nursing schools as well?

Lisker: Yes. The other thing that was happening across the state, particularly, is the diploma programs—the three-year programs—were closing right, left and center. Where we

had started in the early fifties with fifty-one diploma schools, and very few community college two-year programs, and very few four-year programs. The four-years began to pick up at the various colleges, and the two-year programs, from the fifties on, began to increase in number at the community colleges. The diploma program was going out like the dodo bird. At this point, I'm not even sure that there is one diploma program left in the state now.

You had this gradual change from an educational point of view and, again, it's the sixties. We had to change some of our policies. It wasn't a nunnery we were running; it was a school of nursing. We began to admit married students who were living in the community. It wasn't until the late sixties that we began to recruit men. I don't know, again, why we didn't recruit men before then.

The sixties was sort of a consolidation of our curriculum, our excellence as a school, and we began to look to the future in the sixties toward a degree-granting institution. Most of our faculty had master's in the sixties. We had a guidance counselor for students. We had two librarians. We had a full staff of housekeeping people. We had good faculty policies. It was easy to recruit faculty—qualified faculty—because we were known within the state. Our students could work any place. We got letters and commendations on how well they were doing as new graduates.

Dunning: Kaiser Foundation Nursing School became a known entity and was established.

Lisker: Absolutely. We did, as I had mentioned earlier, begin to do some revised curriculum design. With a fair amount of trauma related to that because it was so different. Gradually, it reverted back with variations on a theme to what it originally was, but better integrated in terms of subject matter. We had a very good curriculum. We were accredited always by the board, the Board of Registered Nursing in Sacramento as well as the National League for Nursing. Our credentials were impeccable. We had excellent faculty. We had students who really wanted to graduate from Kaiser School of Nursing. Then, we thought, well, things were changing so rapidly in the sixties that we'd need to look to the future. It was in the sixties that we began to investigate the possibility of converting to a four-year program.

Dr. Harkin Jones, who was on the faculty at UC Berkeley, was a consultant to the board regarding the four-year program. We investigated St. Mary's College in Moraga, Holy Names, UC Berkeley—which at that time, I think, was trying to develop a program in medicine on campus in Berkeley, but that didn't work out—and Golden Gate in San Francisco. Over about a four-year period, we continued to meet with either one or the other of these institutions. We also had to involve the National League for Nursing because one of the issues that we had was to maintain our name and to maintain our accreditation. Underlying all of this, the issue of cost was also coming up. We continued with the proposals that we were looking at.

Dunning: Proposals to the colleges?

Lisker: Yes, for a four-year program. We involved Dorothy Ozimeck, who was head of the National League for Nursing at that time, also came to spend time with us. This was

not a popular route to take from an educational point of view. The league wanted the diploma programs to be incorporated into whichever university or college. It became part of that college.

Dunning: You wanted it to be Kaiser Foundation.

Lisker: We wanted to be Kaiser Foundation School of Nursing with a degree from St. Mary's or Holy Names or whichever. Dorothy Ozimeck was very negative regarding accreditation on that basis. Basically, our efforts did not pan out. At that time, a decision was made to close the school.

Dunning: This is '76?

Lisker: The school closed in '76, but I think the announcement was made like three years before the school was closed. There was a lot of discussion that was going on in the early seventies about a four-year program, which we thought was really going to happen. Then, of course, the disappointment when it didn't happen.

Dunning: Most nursing schools in the country, were they headed towards a four-year program?

Lisker: They were heading either toward a two-year or a four-year. It was a national commitment, but California, like everything else, is ahead of everybody else. Even back East, I'm not sure whether there are any three-year diploma programs. There might be, but I'm not sure at this point. I haven't looked at that kind of information.

In the meantime, however, the faculty was determined that there would be no diminution as far as the quality of our curriculum or the content or the instruction of students. Lots of faculty, not just me, would have seminars for students outside of their working hours during the week, in their various specialities, to help students to understand what was going on and to connect the dots, really, intellectually and use the critical-thinking modus as method of discussion. We didn't give students answers. We wanted them to think about the outcome of the decision they had made, and why they'd made it. That was basically where we were all coming from.

Dunning: Did the staff get along pretty well—the faculty?

Lisker: Yes, yes. There were cliques, but nothing that would really interfere with the overall excellence of what was going on.

Dunning: How large was the faculty compared to the student body?

Lisker: Figure about a hundred and fifty students, and we probably had—I'm not sure how many faculty we had—[refers to notes] just want to look at the latest ones that I have—[counting] nineteen in here, but that's 1970-1971. It went up. I would think we had about twenty-four faculty because we added librarian. We added the counselor. We also had a nurse who was responsible for student health.

Dunning: That was very different than when you started nursing school.

Lisker: Yes. [laughter]

Dunning: You basically had a couple of people at the helm and that was it.

Lisker: That's right. We had two teachers. Gradually, we added one here, one there. I think one of the issues also, and I don't think it can be denied, was the cost. The cost kept going up every year.

Dunning: The cost of educating a student?

Lisker: Yes.

Dunning: The tuition was pretty low still?

Lisker: I think by the time we finished it was around $3,500—$3,000 to $4,000.

Dunning: Per year?

Lisker: Yes, per year.

Dunning: Do you know how much—was the foundation subsidizing a good deal of that in the sixties?

Lisker: I'm not sure what the foundation was doing. I know we were subsidized. I absolutely know that, but I'm not quite sure how much it was at that point. If you think of the other things that were going on in the sixties too, as far as Kaiser was concerned, we began to expand. We kept on growing year after year, and we kept on expanding. The other thing they were doing was monies from the foundation were going toward medical internships and residencies. That was another issue. But anyway, the school absolutely had to close, which I think was a tragedy. I wished we could have become a degree-granting institution. The early seventies were really quite traumatic for everybody because, as soon as they made the announcement, our efforts were maintaining our faculty so they wouldn't leave.

Dunning: Everybody wouldn't jump ship.

Lisker: That's right. They didn't, which was really something. I think, deep down, most of us kept hoping that something would happen to change. Nothing did. Most of the students were living out—they had apartments in the neighborhood and a lot of them were married. We really made a concerted effort to be sure our curriculum was absolutely top-notch, and it supported the students also. We graduated 1,065 students in the twenty-five years that the school was going. Many of whom have distinguished themselves in many ways.

Dunning: I'm going to go back just a little bit to the sixties. You talked somewhat about the nursing school in the early sixties. What was the climate of Kaiser generally in the early sixties? Anything that stands out in your mind? You, at that time, were

curriculum coordinator for the nursing school. Clifford Keene was vice president and general manager of Kaiser Hospital and Health Plan.

Lisker: We reported directly to Dr. Keene. Mr. Henry Kaiser hired Dr. Keene, I think, over the objections of the Permanente Medical Group. It was not a happy union for Dr. Keene. He came in without a title, but there was a lot of animosity toward him by the medical group. We reported directly to him.

He was—what's the word I would like to use for Dr. Keene—he was a tall, stately gentleman, been a surgeon. I think he had worked in the Kaiser—I don't know what it was—something in Michigan. They had an automobile plant or something—I'm not quite sure. He practiced in Michigan as a surgeon before he came to California, but he didn't practice as a surgeon when he came here. Our relationship with him was good but I think the relationship that he had with the physicians may have indirectly impacted us. I have nothing I could tell you that I could put my finger on and say, "This was the result of that." I don't ever really have any knowledge of that. All I know is that the relationships we had with Dr. Keene during the sixties were all good.

I know that Josephine Coppedge, toward the end, had felt that she could be a value to the Kaiser Foundation Health Plan and Hospitals. She wanted to become a vice president and have an office in the Kaiser Center downtown. That did not work out. She left a very bitter lady, unfortunately, because she felt that Dr. Keene had not "done right by her."

All I know is that at one point, Dr. Keene came to visit us at the school, and Josephine told me that she absolutely would not meet with him. She would not be in the building on that day. She just didn't come in. Dr. Keene wanted to know, "Clair, what's wrong with Josephine?" Because he was coming in to tour the facility before we closed in the seventies. Basically, I had to tell him that I really don't know, but I knew that she was very, very angry with him and wouldn't talk to him because at that point he had said to her, "We don't have a place for you downtown."

Dunning: With the exception of the nursing school, were there women in administrative positions during the sixties?

Lisker: There's a glass ceiling, come on. They were all men down there; there weren't women. The surprise is that, in the fifties, that Dorothea Daniels was the director of Kaiser in Sunset. She came up to San Francisco for a while as the administrator for San Francisco to "get the place straightened out." But, that was really an aberration when you look at it even though Kaiser was very forward-looking. It was, "There's a glass ceiling and try as you might, you cannot get beyond this point." It was in the seventies that Alva Wheatley came in.

Dunning: What was her name?

Lisker: Alva. A-L-V-A W-H-E-A-T-L-E-Y. She was the administrator at Kaiser in San Francisco. Then she was promoted to a position at central headquarters. She was at central headquarters—now, was it central? Or regional, regional headquarters—as a

vice president. One of our Kaiser graduates, Gretchen Karnish—Gretchen Mueller Karnish—and what's her name now? It's changed again—hold on. She's class of 1958. What is Gretchen's name?

Dunning: You can add that when you see the transcript, too.

Lisker: I'll find it—I'll get her name. But, Gretchen graduated from the School of Nursing. She was a staff nurse in medical offices. Then, she became director of outpatient. Then, she became director of Walnut Creek, and then she was vice president for quality for Kaiser at corporate headquarters.

She retired a few years ago and is now living in Bainbridge Island in Washington. We had a lady who was on the board and she had been the dean of nursing at UCLA. I'll find her name, too. She was on the board. One of the issues I've talked about is the glass ceiling to the people downtown. It's gotten a little better over the years. It seems like there are more women who are now regional administrators of several hospitals and who have been nurses. They're not business-manager types. They have a nursing background as well as other academic qualifications.

Dunning: Do you think you would have gone higher in a different environment?

Lisker: Would I have gone higher in a different environment? You mean, I was assistant administrator when I retired.

Dunning: Did you want to?

Lisker: Not particularly. I had the biggest budget. I had the most people. I had enough headaches. I didn't need any more. I loved what I was doing. I've been so lucky—I've been so lucky. I loved it when I was a teacher. When I got into nursing administration, that first year was really awful, learning the ropes of being an administrator and not knowing much about labor relations. But, anyway, that's another story.

Dunning: We can save that one. I'm going to go back a little bit to Dr. Keene. I was looking over his oral history because he was interviewed, and he said one of his major accomplishments was the establishment of the Kaiser Permanente Medical Care Program as being independent and separate from Kaiser industrial companies.

Were you aware of this bigger picture at Kaiser, and did this kind of change or impact the nurses at all?

Lisker: No, not that I know of. I think it was his relationship—I don't know if he talked about it in his oral history—the relationship with the medical group and Dr. Keene. They were at odds for a long, long time and resented Mr. Kaiser bringing him in. That really became part of the stuff that went on in the fifties with the Tahoe conference and really deciding: who was going to run the show, how was it going to be run, what is the compensation, and how was it going to be divvied up. The doctors who wanted to take care of patients and have control. That was the big issue.

Dunning: They resented this outsider coming in?

Lisker: Yes, because he came from industry. They weren't consulted. He just landed here. His life was not easy. He felt ostracized. I don't know if he talked about that in his history, but he felt ostracized, at sea and uncomfortable. I'm not sure that he ever resolved it.

All I know is that I had a note from Steve, where he was writing something about Dr. Keene after he died, and I don't think he ever resolved that issue. He didn't want to talk about it. It was so painful. Our relationship with Dr. Keene and the School of Nursing was always fine. But, again, I think the monies had a real impact. The cost of running the school had an impact on the closure of the school.

[Tape 10, Side A]

Dunning: We were talking about Dr. Keene. One of his accomplishments was separating the medical care program from Kaiser industrial companies because Kaiser had: Kaiser Cement, Kaiser Aluminum, and Kaiser Steel, of course.

Were the Kaiser nurses or the nursing students ever sent to the industrial sites for care?

Lisker: The only one they went to was Fontana in Southern California. It was "to understand industrial nursing." But, that was very short-lived. We sent students to Fontana on an affiliation probably for about, maybe, three years. I don't think it was very long.

They were really taking care of patients in the facility that they had in Fontana and could look at it from an industrial nursing—

Dunning: Was that different from occupational?

Lisker: Yes. Occupational medicine is different. That's for physicians. Industrial nursing is taking care of patients after they have been injured or trying to prevent them from being injured on-site. That was Fontana Hospital—Kaiser Fontana—but that was not very long-lived.

Dunning: Did you have many patients coming from the Kaiser sites?

Lisker: At Oakland?

Dunning: Right.

Lisker: No. The only patients that we had, if you remember, were the miners who came with a contract under John L. Lewis—that we took care of. We've always had industrial medicine—patients would be injured on the job and come in for care, but they were Kaiser members. They could have been working in any kind of facility.

Dunning: I'm going to move a little bit into some of Kaiser's social goals in the community. In the sixties a lot was going on, we had JFK, the first Catholic president, and his assassination. Then, Lyndon Johnson came in. Lyndon proposed the Great Society

legislation like Medicare and the poverty programs—supporting the idea that government had a responsibility for social change.

When did you start to see changes at Kaiser? Medicare came in about 1966, and I wondered how a prepaid program like Kaiser related to this—Medicare.

Lisker: Just from my point of view, the impact of Medicare primarily related to our understanding of the DRGs, which were diagnostic related groups. Physicians got involved in teaching residents and medical staff on how to appropriately document the patient's diagnosis at admission, during hospitalization, and discharge. I guess there were lots of federals rules in and around that. It didn't impact the nursing department that much—other than to be sure our documentation was correct and appropriate. But that, we'd always been doing. At least, we hoped we had been doing it properly. That was just an added factor that needed to be dealt with. So that, on admission, we had the correct diagnosis that was put in by the admitting department or by the doctors in the emergency department if that's where the patient was coming from.

The physicians usually followed through on that, as well as the staff in the chart rooms where they would review the charts prior to filing, and to be sure they meet all the requirements of Medicare.

Dunning: Was there an increase in the paperwork that you had to do?

Lisker: It didn't affect us that much, but it did affect the physicians. Everybody talks about how much paperwork there is and that was just another little bit or more, even, that consumed their time, which was always pretty precious. [tape interruption]

It really didn't impact us that much. The supervisors on the various clinical divisions would double-check the records also to be sure that they were completed before they were sent to the chart room. They would sort of do a quick overview, but mostly it was a physician-imposed task to be sure that it was accurate. Then, obviously, they had to hire more staff in the chart room to review the records.

Dunning: Was this for inpatients and outpatients?

Lisker: I don't know about outpatients. It certainly was for inpatients because that's what I was responsible for.

Dunning: I'm sure it probably was for outpatients.

Lisker: I'm sure—I'm sure.

Dunning: At that time, did the patients stay in the hospital as long as they did in the fifties?

Lisker: Kaiser, again, was always very conscious of how long the patients stayed in the hospital. Our average patient stay was four days—I'm talking about way back—where in the other hospitals it might be six days. Kaiser was maybe four. I don't know the

exact numbers, but we always had a lesser hospital stay than the other private hospitals.

The other private hospitals probably had a greater impact on their income than it had on ours because we were discharging patients either to a convalescent facility or the home. We were following up with home health care if the patient needed it at home. The community hospitals weren't organized like we were. That was the beauty of Kaiser—that we had this wonderful family. We could do this kind of care for patients.

Dunning: You never felt like you had to rush patients out?

Lisker: No. There was only one time when I personally felt that the patient did not understand how to give himself insulin and was not able to calculate the dosage on the syringe carefully. I said to a physician, "I think this patient may need to stay a couple of more days until we can really be sure that he knows how to administer the insulin correctly." The doctor basically said, "No, he's going home." Well, he came back.

Dunning: Because he didn't administer it—

Lisker: Because he went into diabetic shock. Then, he stayed a couple of extra days. But that was a long time ago. I'm telling you, I think that was probably in the fifties.

Most of the patients had follow-up at the home if they needed it. Frankly, I think that patients were better off at home, than staying those extra few days in the hospital, where they could be up and about, in their own beds, comfortable, and away from iatrogenic diseases which they might pick up in the hospital. I-A-T-R-O-G-E-N-I-C.

Dunning: I was going to have to ask you that one.

Lisker: It's hospital-induced infections.

Dunning: Staph and all that.

Lisker: You don't want that. It's bad news.

We were looking at patients in terms of getting them up soon after surgery, stabilizing them in the medical division in terms of their medications and treatment. Dolores Plake Jones wrote a paper which was published in the *New England Journal of Medicine* in relation to early discharge of moms, postpartum with the baby. We sent a nurse to the home to follow-up—to be sure that the baby was fine and the mom was managing okay.

Dunning: Does that still go on? Is there follow-up like that right now?

Lisker: I'm not sure. I think there's communication.

Dunning: There's the twenty-four-hour advice nurse.

Lisker: There is communication with the new moms when they go home to be sure that the baby is okay. They bring the baby in for a blood test fairly soon after delivery also—to be sure that they're not getting jaundiced, and they're properly taken care of. I'm talking about the sixties here when that paper was written. When they talk about discharge after twenty-four hours, many of the moms want it; some don't. Sometimes I feel also that if the patient wants to stay an additional day because they had an episiotomy or they're not very comfortable, they should stay. The patients who have C-sections—which is major surgery—they go home after four days. Deliveries are within twenty-four hours provided everything is okay. Then, you want to be sure you're checking the babies to be sure they don't get jaundiced.

Did I talk about the openings of our coronary care units and the progress of medicine in the sixties?

Dunning: No. Go ahead. Just in passing, I think you did.

Lisker: In passing, we had to look at what we were doing from an educational point of view as well as what was happening clinically in the hospitals. The progress of medicine took a quantum leap forward with the advent of the coronary care unit—was the start—then the critical care units and the plethora of machines that came on board. We had respirators, ventilators. We had all kinds of machines.

Dunning: You had to be trained in the use of all these machines.

Lisker: Our students had to be educated in all of the equipment that was being used for patients. This is when we went from bottles to plastics for IVs. This is when we went to disposables all over the place. We're filling our trenches with stuff that's going to be there for millions of years.

We had all of the new equipment that was coming in that was changing how we were really being able to take care—we weren't sterilizing bedpans and urinals because we had throw-aways. That happened also in the sixties. Then we had the various x-rays. We had the MRI, but before we had the MRI, we had the—

Dunning: The ultrasound?

Lisker: The ultrasound—that came in. We had the Dopplers so we could listen. We had the CAT scans. We had the treadmills for measuring patients' cardiac output. We had all of the new equipment for monitoring women in labor. We had the development of the critical infant nursery. We were able to take care of premies in a more comprehensive way and, hopefully, they would go home as well-nourished babies. We had the hospice in the area. We had the advances in surgical techniques in the operating room. We had lithotripsy where we could crush kidney stones in patients.

Dunning: Lithotripsy?

Lisker: L-I-T-H-O-T-R-I-P-S-Y. Lithotripsy units. We had the changes in caring for patients with eye surgery. For example, if a patient had a cataract operation in the fifties, the

patient would be in bed for two weeks with sandbags on either side of his head, not moving. Those patients often became psychotic.

Now we have patients who come in on an outpatient basis at seven o'clock in the morning, go to the operating room, have surgery, have their cataract removed and go home in the afternoon. We have patients who have lumpectomies when they might have had a mastectomy. You have this tremendous knowledge in relation to the medical treatment of patients and, obviously, we had to keep up with that—so that you really knew what was going on. We had the patients getting older. We have an elderly population, a growing older population. The geriatric patient. The patient with Alzheimer's. The patients with dementia. We had the treatment of patients with psychiatric problems.

Of course, I go back to Governor Reagan, destroying our mental health service in California. Our hospitals discharging patients from psychiatric hospitals without any place to go. We have our sick patients on the streets. What he did to California, he did to the nation when he was the president. It's a disgrace—a national disgrace. I blame him for that.

Dunning: He was governor at that time?

Lisker: He was the governor of California. He absolutely, absolutely, single-handedly destroyed the mental health services. Now, it isn't that there weren't problems with it—patients being incarcerated for years. There were problems, but the way he solved that problem was to throw them out on the street with nowhere to go, without a halfway house, because "Nobody wanted it in their backyards." He did it nationally which was even more gross. Bad enough to do it in California, but to do it across the nation? Please.

Dunning: Did you start seeing repercussions pretty quickly in California?

Lisker: We'd see the patients in the emergency room. Because they were standing screaming on the street corner, some police would pick them up—they were sick—and bring them in. Where was there to put them? We didn't have a psychiatric facility. They held them for forty-eight hours at Highland and discharged them out again.

That's still going on. That hasn't changed that much. The only thing that has changed is the medications for patients with mental illnesses. But the problem is—particularly with patients with schizophrenia—you give them these medications like lithium. They have side effects. The patients may feel better or, with maniac depressive disease, they'll feel better and they'll stop taking the medications. They will revert right back and drown five children.

Dunning: Your reference is to Mrs. Yates.

Lisker: Yes, who unfortunately was sent to jail, I think. I don't know what's going to happen to the lady. She's obviously critically and very seriously ill. You don't have to be a

psychiatrist to know that one. But, that's what our president did to mental health in California.

The other thing that I was thinking healthwise: when the children were little, we were very concerned about radium and radioactive fallout. I don't know that I mentioned that at all.

Dunning: No, not at all.

Lisker: I know the School of Public Health at UC Berkeley, where I was taking classes, did a lot of public education related to what was going on with the atomic testing. The other thing that was also going on at that time was the chlorination of water. Water had been chlorinated in San Francisco for many, many years with obviously salubrious effects as far as children and dental health where concerned. Here then, we organized a campaign to fluoridate water in the East Bay, and that was successful. I was glad about that. That's from a public health point of view—all the things that were going on then.

Dunning: Anything else to add about radiation fallout?

Lisker: We were instructing patients to buy powdered milk—you don't remember, you were a baby at that time. How did milk get made? You know, from cows who had eaten the grass. Bad times. I hope we're not going there again.

Dunning: You certainly saw a lot of changes. It seemed like the sixties were a big, big time.

Lisker: I think we were on peace marches on every other week just as a family—

Dunning: Let's talk a little bit about that, because that certainly was a tumultuous time. LBJ in 1965 began to send combat troops to Vietnam.

Lisker: That was trauma for all of us because, first of all, we did not understand why the killing was going on. We didn't feel that it was a just war. Our son was a conscientious objector. [pause] However, when his—what do they call it?

Dunning: His draft notice?

Lisker: Draft notice. He never did get one. Oh, he did get one, but it was a very high number. I think we would have gone away. I felt so strongly about the Vietnam War that we absolutely would not let him. I'd go back to Ireland. I felt very, very strongly about that.

Dunning: And Fred?

Lisker: Fred also, absolutely. We went to meetings that would help us get knowledgeable about draft evasion. Wes's pediatrician, Dr. Paul Russo, wrote a letter also. He was very active in telling patients about the draft. He was a Quaker.

Dunning: He was a Kaiser physician?

Lisker: He was a Kaiser pediatrician. His wife and their four sons moved to Quadra Island north of Victoria in Canada. She went there with their sons, and Paul flew up there probably once a month to spend a few days and then came back. He finally moved up there so their sons would not be drafted.

Dunning: They were all in that age group?

Lisker: Yes. They were all young. It affected us. We were trying to do what we could do on the local level, but it really became a very emotional issue for us. We absolutely, absolutely did not agree with what was going on with Lyndon Johnson and McNamara and all of those liars who hid so much from everybody. When the body bags began coming back is when everything blew up.

Wes would come home from high school through the Berkeley campus, and he got gassed inadvertently. But that was the last time he came home in that direction. Our next door neighbor, who was a professor on campus, was also gassed. I can remember eight motorcycle-police officers driving down Telegraph Avenue with guns and helmets. It was really, really scary times—it was scary times.

A neighbor who, I think, worked for the FBI or the CIA—probably FBI—used to take pictures. We would be on the march, and we would see our neighbor with his camera taking pictures of the marchers. Finally, we said, "Bob, here, why don't you take a group picture of all of us?" He lived across the street. That was the kind of tension in the neighborhood at that time.

Dunning: Did you find that you were ostracized in the neighborhood and/or at work?

Lisker: I was never ostracized at work, never, never, never.

Dunning: But in your conservative neighborhood at the time?

Lisker: Yes.

Dunning: People knew.

Lisker: People knew we were Democrats. That's all you had to be was a Democrat. I mean, that did it.

Dunning: It must have been a really uncomfortable time.

Lisker: It was uncomfortable, but mostly because it was old Berkeley types. I can't describe them, but there were some Berkeley people who were as opposed to Vietnam as we were. But in this particular neighborhood, it was a very conservative neighborhood. In fact, our deed to our house had a clause in—what was it called that?—you shouldn't sell to probably blacks and Jews, I'm not sure. Going back that far, it's an old one. That was never enforced. Across the street we had a professor of philosophy from Berkeley who was a wonderful man, and he was in the same boat as we were basically politically. If you just go up and down the street at that time, it was really right-wing

Republicans. That's gone—it's totally gone. The change that's occurred in fifty years also is—you have a more liberal—

Dunning: They've gone and you're still here.

Lisker: Yes, yes. But, for different years. It was a wonderful neighborhood for the children. They went to John Muir School. Susie went to College Preparatory. Wes went to Berkeley High. They both graduated from UC—did very, very well. But, those were the days. I'm not sure that I would want those days back.

I know that with each family that moves into this neighborhood, I welcome them. I bake them cakes or pies or something because I don't want to have what happened to us, happen to them. We were basically isolated. I want to be sure anybody new coming into the neighborhood knows that it's a friendly, nice neighborhood. It is, it is. But that's changed over the years, slowly.

We did have a next door neighbor with whom we're still friendly—

[Tape 10, Side B]

Lisker: It wasn't all just right-wing Republicans. We had another neighbor who is a Republican, who was a math professor on campus. He then went back to Harvard. He was at Harvard for quite some time. Then he became the provost at Duke. Now he's the director of the Institute for Advanced Studies in Princeton. Phillip stays with us every time he comes to Berkeley. He is an absolutely wonderful human being. His wife is a neurologist, and we went to one of their daughters' weddings a couple of years ago. The other one, I think, is getting married next year so they have two. Wonderful, wonderful people—the salt of the earth.

Then, we had our other neighbor next door who, when I was taking to her about the radiation pouring down off the skies when we were testing atomic bombs, she basically said to me, "Why don't you go back to where you came from?" And I said, "But I'm an American citizen. I have a right in a democracy to voice my opinion." I mean, I could do that if I were in Ireland or in England during the war when the bombs were coming down—you're in Hyde Park corner, and you're listening to Irish people just ranting and raving at the British. The cops are standing there with their hands behind their backs, in the middle of World War II. That was that neighbor next door. That was the difference. I would talk to her about it later. She was a Christian Scientist.

It takes different types and you live in this world.

Dunning: Did you see any changes in your patient population during the sixties?

Lisker: No, no. We always had a cross-section of all ethnicities. We just had more of them because we were constantly adding more patients. Sometimes more than others, but with each year the numbers of Kaiser members increased. We kept on opening facilities and clinics in the outlying communities. Kaiser Oakland was also a center for

specific treatments. So that they fed into Kaiser Oakland for maybe types of x-rays or maybe surgeries.

The patients from Richmond who needed special care all came to Oakland because the Richmond facility was not set up in the same way. It didn't have the specialty, particularly in the early years they didn't have a coronary care unit, so anybody with a heart attack would come into Oakland. We don't do open-heart surgery in Oakland. That's done in San Francisco in conjunction with Stanford and St. Mary's Hospitals. We used to do neurosurgery at Oakland. Then they decided they'd have a center so we could send all patients who needed neurological examinations—specific types—would go to Redwood City. We, because we had a critical infant nursery, would have babies who needed critical infant care.

Dunning: That was one of the specialties of Oakland?

Lisker: Yes. Then Walnut Creek opened. Then Hayward opened, because their population increased, so that you didn't have parents traveling very much. This is, again, another way to conserve funds and also, which is even more important, that the numbers of patients that were operated on were done by highly trained physicians. The mortality and morbidity rate was down. If Kaiser wasn't doing it right, we would not be here today talking. We had a lot of patients with varying illnesses.

Our research unit also opened up. We began to follow patients for different research projects. We had a great patient population. We could do anything.

Dunning: At that time, you really had quite an age range, because the former shipyard workers were now in the senior population and their children were having babies. You had the whole spectrum.

Lisker: Yes. It's a wonderful place to do medical research.

Dunning: Maybe next time—and there will be a next time—we can talk a little bit about some of the research that was done, and also I think it would be good to talk a little bit more about—let's see. You talked about some of the changes in technology, but as we go into the 1970s, I'd like to hear what you can tell me about the nurse practitioner's program.

Lisker: Oh, that began in the sixties.

Dunning: It started in the late sixties? Okay. Then, I don't know if you know much about the HMO bill in 1973, if that impacted things. Anything more you'd like to say about the closing of the nursing school in '76, because I know it wasn't just the nursing school that closed, although faculty had to go elsewhere. Your job changed completely. It seems like we'll have plenty to talk about next time, and anything else you'd like to add to that list. That would be fine too. Anything you'd like to add today before we close?

Lisker: No. I'm just enjoying myself thinking back all these years.

Dunning: Oh, good. This is great.

Lisker: I've put so much of it out of my mind that I'm waking up at night thinking, "This and this," and I don't have a pencil by my bed.

Dunning: Maybe I should have brought you a pencil and a notebook. [laughter] You can write during the week. Thank you very much.

Lisker: It's such a pleasure doing this. It's wonderful.

Dunning: We'll see you next time around.

Lisker: Thank you so much.

Dunning: Tomorrow's your birthday. Happy birthday.

[Interview 6: April 17, 2002] [Tape 11, Side A]

Dunning: Good morning.

Lisker: Good morning, Judith.

Dunning: One of the things we were going to begin with today is the whole role of the nurse practitioner at Kaiser. I wonder if you could tell me what you remember about the beginning of that. You had mentioned that physician Steve Taller had a role in developing this.

Lisker: Actually, Steve, I think, was one of the main individuals related to the idea of having nurses work closely with physicians, particularly following patients with chronic illnesses, but it was in conjunction with a physician. At that time, Steve talked with me as—I guess at that time I was curriculum coordinator at the school—regarding the curriculum. He was also interested in asking me about some of the Kaiser graduates who worked in the hospital. How would they work out if he approached them to work as a nurse practitioner?

I'm not quite sure that they used that term initially. I don't know when that was—it wasn't a physician's assistant, I know that for sure. The designation—nurse practitioner—maybe it was part of the lingo at that time, but I really couldn't tell you specifically. All he was interested in at that time was developing a curriculum with heavy emphasis on anatomy and pathophysiology. He wanted to be sure that the graduates that he knew and with whom he was working would be capable of carrying the course work that he and other physicians were designing. Initially a couple of the early Kaiser graduates became nurse practitioners.

Dunning: You mentioned one: Laverne—

Lisker: Oyarzo. Laverne graduated in '54, and Phyllis Maroney, who was another Kaiser graduate, graduated '57. Laverne and Phyllis were two of the first. Laverne was a medical nurse practitioner, and Phyllis was a pediatric nurse practitioner.

The pediatric department was also interested in having nurse practitioners on their staff because they could deal with children with chronic illnesses also and then would be supervised, obviously, by a physician. If there were any questions when the nurse practitioner was seeing the patient, then they would refer to the physician who would come in and check the child or the adult to be sure everything was okay.

Dunning: At this time, was there an official program for nurse practitioners in the state?

Lisker: No, no. That came later into the universities primarily.

Dunning: Was Kaiser among the first?

Lisker: It was the pioneer for nurse practitioners. Kaiser has done a tremendous amount and had a tremendous influence on the delivery of medical care—the education of patients with the emphasis on preventative.

Dunning: And Steve Taller. Do you think he was the person at Kaiser who encouraged the new program?

Lisker: Yes. Steve was one, and Ed Schoen. Ed was chief of pediatrics. He was also interested. I think they were the nucleus that got the other physicians interested. At that time, the physicians were seeing patients with chronic illnesses who came in on a quite regular basis to be checked. It was obvious that physicians were primarily geared toward the patients with the acute illnesses. Here there was rapid change rather than having patients with chronic illnesses who could be seen by a nurse practitioner and then referred to the doctor if there were any changes that needed physician intervention. At that time, the physician wrote the prescriptions, but as time went on nurse practitioners write prescriptions also, as authorized by the BRN. But that's only been in the last ten years.

Dunning: That's pretty recent.

Lisker: Yes, yes.

Dunning: Currently, do they still need to get a physician's signature on the prescriptions, or is that a little iffy still?

Lisker: I'm not quite sure exactly. I think that they can write a prescription, but again, what they write is limited or what they're authorized to write—what they're legally permitted to write.

Dunning: Did the presence of nurse practitioners impact physicians in the early stage, or was it, because there were so few of them, it wouldn't make that much difference?

Lisker: What it did was it opened up slots for the physicians to see patients that needed their attention. In that sense, it helped to provide care for more patients. The other aspect was that patients began to be very comfortable with the nurse practitioners. We began to hire more and more. In OB, where they could do the routine exams for patients. In the Department of Medicine, for the pre-surgical admits for patients, they would do the pre-surg check on patients before operations. We had them in the pediatric department for the chronically ill children for routine checks—they could do those.

Dunning: Would the nurse practitioners, the additional ones, would they be hired from within the ranks of the nurses or did they come from the outside?

Lisker: No. They came from the outside also.

Dunning: Once it was more formalized?

Lisker: Yes. It was formalized. You had a program at UC San Francisco. You had programs in Southern California. I think also Kaiser probably collaborated with some of the clinicians and the educators in the medical centers that had schools.

Dunning: Do you know when the first formal programs, like at UC, started?

Lisker: No.

Dunning: Sometime in the seventies?

Lisker: I'll try and find out for you. I'm not sure about that.

Dunning: I can check too. Ever since I've known there have been nurse practitioners, and I've just found them to be so wonderful that a lot of times I will try to make an appointment with a nurse practitioner. They seem to have a little more time and have more of a bedside manner.

Lisker: That's feedback that is constant. Again, I think nurses seem to come at patients from a less clinical, I guess, and more humanistic point of view. That warmth catches on with patients. It doesn't mean there aren't physicians who have the same attributes, but the nurse practitioners particularly, apparently, patients have a warm regard for as well as their competency—so it's combined. They also indicate that the nurse practitioner spends more time with them. I'm not sure that that's actually true.

Dunning: I'm not sure it is today, but I think maybe it used to be.

Lisker: In the beginning, it might have been. The same feeling about nurse practitioners prevails today, but I think they have the same fifteen-minute slot that a physician has. I think that's changed.

Dunning: I don't think nurse practitioners are ever going to go away.

Lisker: I hope not. They're coming out with a master's. It's a graduate degree program now to become a nurse practitioner. There's a midwifery program, too. I'm not sure if we're using midwives in any capacity within Kaiser. I'm not at all sure about that. I think they're mostly out in the underserved areas of the state. There may be—

Dunning: I know they're at many other hospitals.

Lisker: They may be. We've also had a school for nurse anaesthetists. That's been going for about twenty years, also. Again, Kaiser collaborates with a college to provide that education, and it provides grants to students. Kaiser will fund their education and then have them pay back in kind, in terms of spending a couple of years with Kaiser post-graduation. That has been working quite well also.

Dunning: You've explained a little bit how the nurse practitioners were used at Kaiser. Were they mostly used in the hospital or were they sometimes—?

Lisker: No, in the medical offices.

Dunning: Outpatient clinics primarily?

Lisker: Yes, yes.

Dunning: When you talked about Laverne, she was a 1954 graduate, and then she became one of the early nurse practitioners. Then, you mentioned that she became the mayor of Calistoga.

Lisker: That's right. She still lives in Calistoga.

Dunning: Was this after she retired?

Lisker: Yes.

Dunning: A whole other career.

Lisker: Yes.

Dunning: She remained a nurse practitioner until her retirement?

Lisker: That's correct.

Dunning: Sounds like an interesting woman.

Lisker: She is. She's no longer the mayor, but if you go into the park in Calistoga, there's a dedication to a Mr. Oyarzo—I can't remember his first name—but he was her brother. There's a little park as you drive by, on the left of the main street, where we stop off and have lunch on our way up to Lake County.

Dunning: We also talked briefly about the closing of the nursing school in 1976 and the effort in the preceding years to establish a four-year degree-granting program which didn't happen. When did you realize that the nursing school was closing?

Lisker: When we were in process of looking at colleges with which to affiliate to see if we could get a baccalaureate for our students, which was the trend, and the closing of the diploma programs in California, that started in the very early seventies. There was a premonition that something was going to happen. That if we were going to go forward, we needed to provide students with the education to get a baccalaureate to be in sync with what all was going on nationally.

Then, of course, what we had to do was decide on, "When is the last class going to be admitted?" The last class graduated in 1976. We had to notify the students also that the school was going to close. I would think that at least a year ahead of time students were notified—it might even have been two years. We went through that period which was really, really traumatic. In fact, the last class that we admitted was the largest class that was ever admitted.

Dunning: They probably started in '72?

Lisker: '72-'73 and graduated in '76. Just about all that were admitted graduated. We graduated with 1,064 students, I think is what I mentioned.

Dunning: Total in the twenty-five years?

Lisker: Total for the twenty-five years. Graduates, who went on and did all kinds of wonderful things, very easily found jobs. We were regretting that the school, obviously, was closing. It was very traumatic. Then the issue was, "How are we going to keep faculty?"

Dunning: I was going to ask you that. How did the faculty and students keep up their morale during this period?

Lisker: We had lots of social events with the students and with the faculty. We also had them in contact—the faculty particularly—students weren't going to have any difficulty getting jobs. They would just be snapped up without any difficulty, but the faculty—what we also did was we had—I guess you'd call it a faculty fair. I'm not quite sure if that's the word you want to use.

Dunning: Like a job fair?

Lisker: Job fair. The personnel department did some work and helped us also to see about placement for faculty—those of us who wished to stay with the organization and those who wanted to go further afield and do other things. There were about—I think there were just two—[phone rings] I'm trying to remember the number of faculty that went on to other things. There were two of us—one, Betty Smith, became an assistant director of nursing at our Vallejo hospital, and I became an assistant director at Kaiser Oakland—the Oakland facility. Let me just look at the list and see who else. I think most people found other jobs. I know Emily Campbell decided she'd become a nurse anaesthetist. She was an educator and got a job at Merritt School—

Dunning: Campbell?

Lisker: Campbell. C-A-M-P-B-E-L-L, Emily. She got a job at Merritt School of Nursing. Then she became a nurse anaesthetist. She actually went through the Kaiser-funded program. She's working up in Davis right now. Isabelle Bertolucci was on our staff. She was a librarian. Isabelle transferred to the Oakland hospital—the medical library there—and really was very, very helpful. Josephine Coppedge, who was the director of the school or the chairperson, she did not get a job. She had spoken with Dr. Keene to become a vice president and apparently that did not work out for her. Unfortunately, she really left rather embittered because she'd spent twenty-three years at the School of Nursing.

Dunning: She was in her early fifties or late forties?

Lisker: She was probably her late fifties or early sixties. That didn't work out. One of our faculty Maryann Hannafin, was the wife of the coach for the Raiders or the 49ers, one of those teams. But, he's back in St. Louis, and Maryann is out of nursing. Actually, she taught nursing in St. Louis at a community college. A lot of the faculty easily got positions. Martha Auvenshine became an instructor at Hayward State University, and Martha just retired. She was the chairperson for the Department of Nursing for several years. I guess they rotate chairs.

Phyllis Henning—she was an educator, but she helped at Kaiser with new staff for orientation. Then when we began the internship programs, Phyllis was one of the staff persons who worked with new graduates in the transition from becoming a new graduate to becoming a full-fledged nurse. We used some of the faculty like that. Charlene Limone—she became the chair of the nursing department at Ohlone Community College. Sue Williams is an author wrote books on nutrition. Sue lives in Davis now, but Sue was a prolific author. We used her textbooks, when she taught nutrition—she was on the faculty. Veronica Knott—Veronica Flagg right now is her name—she just got her PhD from the University of San Francisco, and I went to her graduation. She is the dean of Health Sciences at Los Medanos Community College in Martinez.

Dunning: Did many jump ship before the school had closed?

Lisker: No. It was a gradual process, because we had faculty who taught the freshmen, and we had faculty who taught the juniors and then the seniors. We graduated students every year, so we basically hung on to all the senior faculty which was really nice during that last year. They also could go to other positions of their choice.

Dunning: And everyone could be real open about it, too, because you were all in the same boat.

Lisker: Yes. Helen Ross, who was the associate dean—Helen became the chairperson of the nursing-science department at Contra Costa Community College. Helen became the chairperson there. Betty Byers—Betty retired basically because she was in her sixties. Josephine retired.

The people that I really felt sad for—even though some did get jobs—were some of the housekeeping staff that had been there for years. They were union people, and they were really attached to the students, because they had known them over the three-year period, and were very sweet. We had a very wonderful housekeeping department.

Dunning: In the dormitory?

Lisker: Yes.

Dunning: Was it difficult for you to carry on your job as associate dean when you knew your position would be ending?

Lisker: No. Basically, I think we really wanted to do the best we possibly could for the students. At the time, I had applied for a position in the hospital. We were opening

Martinez at the time, but I really did not know anything about nursing administration to be very, very honest, and applied for the position. Basically, I never formally applied for the position at Martinez because that was going to be just staffing and equipping a brand-new facility for which I was absolutely unqualified. I did talk with Gretchen Karnish who had been one of my students and who was a vice president downtown. Gretchen Karnish—what is her name now? I'll remember later. It was very, very clear to me and to Gretchen that this would not be my forte. I did apply to the Oakland facility because they were looking for an assistant, and I was hired at the Oakland facility.

Dunning: As the assistant director of nursing?

Lisker: As the assistant director of nursing.

Dunning: Was this after the school closed?

Lisker: Yes, it was after the school closed. The school closed in June of '76, and I took the summer off. I started in September of '76.

Dunning: How was that transition from being the associate dean of nursing school to assistant director of nursing? Seems like a pretty big change.

Lisker: It was very different.

Dunning: To be honest.

Lisker: To be very honest. It was such a transition. First of all, I knew all the staff—I knew all the staff at the hospital so that made it easier. I knew the physicians. I'd worked with them for twenty-five years. I knew all the staff because I made rounds when the students were in the clinical divisions, so I knew everybody. That made it easy—I knew who the staff were.

But it was also at the height of the nursing shortage, again. This cyclical thing that happens. In 1976, Joe Mulroy was the hospital administrator. Joe was always, always trying to balance the needs of the facility with the funds. That was a constant tension there—a good tension, actually, in terms of how one uses one's money, patients' money. I always kept that at the front of my head, "We're using the dues that our patients are paying to take care of them." Being sure that I was absolutely—there was an integrity related to using those monies appropriately and watching our dollars very carefully, which we did. That was an aspect that was new to me, and I thought, "I've got to get some help here—managing a budget and managing the staff."

One of my major thrusts was to enlarge the supervisory staff, because we had a total of fourteen supervisors in the hospital for all three shifts, seven days a week. We had a nursing shortage, and we also had a staff who were—it was at the time that the suburbs were just burgeoning in terms of building. Of course, we had Kaiser hospitals in Walnut Creek, Vallejo, Sacramento. You name it—they were there. Our staff would

move to where it was reasonable to buy a house, so we had that exodus. When there was a vacancy in Vallejo, when there was a vacancy in Walnut Creek—

Dunning: The nurses would go.

Lisker: They moved, and their families would move. That was a drain. What we had to do then at that point was to try and balance the exodus and bring in more staff to fill the vacancies with a big, big thrust in terms of recruitment—lots of advertising in the papers, lots of attendance at job fairs, looking at new graduates who had graduated from other schools of nursing, opening up our facilities now to other students in other schools to come and use our facilities for clinical placement. We were replacing our own students with students from Merritt Community College as well as Merritt Hospital and Hayward State University.

We had students from Contra Costa.

Dunning: Contra Costa Community College?

Lisker: Community college. We met with faculty. We reviewed their goals and objectives. They would review our philosophy. They would work in concert with the supervisors. All of this had to go on while we were trying to fill vacancies.

The other issue, of course, for me was that the hospital was unionized. Labor relations issues were always present. There were staff who might not show up for work, come in late, make errors in patient care, or had problems of their own. It was also hippie time when there were many young people using drugs. We were using a lot of agency staff temporary employees.

Dunning: Did they come from the registries?

Lisker: Yes. They were not familiar with our policies and procedures. They didn't know our staff unless they returned on a regular basis. We might not have known all about them professionally and where they came from. It presented real problems in assuring that our patients were getting safe care.

Dunning: You didn't have a known working staff.

Lisker: Didn't have a known quantity. At that point, then, we had to talk with the directors of the registries, saying, "These are our requirements. We need to know this about these staff that are coming in." We sat down, and we wrote what we wanted.

Dunning: Prior to that, all they really needed was their valid nursing license from the state?

Lisker: That is correct.

Dunning: Do you remember what some of the criteria that you had asked for from the registry?

[Tape 11, Side B]

Lisker: We had criteria, definitely. What we wanted to know was where they graduated from, what their past employment was, why they were working for a registry. We had a lot of "travelers." These are young people who would graduate from a school of nursing in New York, for example, and decide they'd like to spend the winter in California. They'd come for maybe a three-month period. At least, we would be able to get to know them because they'd be around for three months, but they'd be working through a registry. Also it was drain—it was a drain on our finances because we were—

Dunning: You had to pay the registry.

Lisker: We had to pay the registry. There were a number of reasons we really didn't want to have agency staff. We felt that we needed a staff who really had a commitment to Kaiser, who knew something about our philosophy. Then, we'd have an orientation with them, but we didn't always know what their past history was, really.

Dunning: Was it up to the registry to check on their references?

Lisker: Yes.

Dunning: Did that happen?

Lisker: They did, yes. They checked on their references, but the other part is that at times if you had a person who was addicted to drugs—and we did—there was never a history of it. You couldn't get that kind of information. One of the problems that I had with staff who we knew were addicted was, first of all, saying, "You cannot work here anymore," notifying the Board of Registered Nursing in Sacramento, but we had no assurance that that nurse who left our employ would not go to another facility and do the same thing that he or she was doing at Kaiser Oakland. It took about a year for the state to really get all of its ducks in a row to get that individual into some kind of a rehab or not practice nursing—put them on probation, take their license away for a couple of years. Every month we would get a list of all licensed staff (RNs and LVNs) from the Board of Registered Nurses whose license had been suspended, revoked, or reinstated—from the state. That was a help so that we would not employ these individuals whose licenses were revoked.

Dunning: How would you be able to tell? Would you be able to tell immediately or by watching someone over a period of time that they had a drug problem?

Lisker: What would happen is that you'd begin to notice that the narcotic record seemed to be out of line. Patients' names would be coming up, and you'd notice that they were getting morphine. Then, we'd check against the patient's record, and there may very well have been an order, but the patient would have complained about continuing pain. These are unethical individuals, totally unethical. We'd have to be sure that we'd go back and talk with the pharmacist. We'd look over all of the data that we had, review the patients who had been in that clinical division at the time that individual

was there, pull their records, go through them, duplicate them for the state so we had the information for the board.

It was a very tedious process, but you had to be sure that the information was accurate. I mean it would be awful to accuse somebody. We had some staff who were so addicted that they would steal Demerol and go into the bathroom and shoot up and come out with blood down their arms. Those people you could just say, "I need to talk with you right away," and say, "You need to go home, and we'll follow up or be in touch with you."

Dunning: There was a lot of policing. Was this brand new for you in terms of policing? If you were working with Kaiser graduates or people that came voluntarily to the program, they sort of knew the atmosphere. They were a known commodity.

Lisker: It was—a real eye-opener is what it was. We would take care of that and got better at it. There was a time when it was just punitive, but then people began to say, "Now wait a minute, they're really in trouble." These young women or men are really in trouble, and there needs to be some kind of a program out there where they can go into rehab. Maybe they can come back, but if they come back, they should not be absolutely anyplace near drugs—that they do not have access to narcotics.

Dunning: Had you ever seen that kind of drug problem from the earlier days?

Lisker: No.

Dunning: Do you think it was a reflection of the times—the sixties and the seventies?

Lisker: I think part of it was the times. I think there have always been people who have access—there have always been some. But, in the numbers that we got and particularly with the number of travelers—the nurses who worked out of agencies—that went way, way up because we were having a tremendous nursing shortage.

Then, in the early seventies, I began to look and see how we could possibly—or in the late seventies—how we could possibly begin to orient new graduates for the various departments and to be sure that they got the kind of support they needed. We had faculty that had worked for the School of Nursing. We hired them to work with new graduates. We had a three-month internship, if you will, period where we hired new graduates for the Med/Surg division, and for Pediatrics. Then, we expanded the internship program to the Critical Care unit. Staff who had worked for a year in the Medical/Surgical clinical areas could apply for that program. We had a program for nurses who were hired to work in the Operating Room. We had programs for nurses who worked in the Emergency department. We had programs for every clinical division to provide the new graduate the support they needed to be sure that they could work into an assignment of more than one or two patients, which was what they were used to as students.

To be sure that we were maintaining our budget, it was a balance. It was a real balance. But, gradually, gradually over the years, it really began to work. Our vacancy

rate dropped, but it's cyclical. It would start back up again so we were back in the same cycle that we were before. We increased our supervisory staff, which was really important, because at times there was nobody in the clinical divisions—if you had one supervisor on the night shift for the entire facility, it was impossible to provide the assistance new graduates needed.

Dunning: You had a large staff—approximately 500 over three shifts. Does that sound right?

Lisker: We had more than that. We probably had seven-something over three shifts.

Dunning: I was looking over your interview with Kaiser historian Steve Gilford, and you said that going back to the hospital was "a super cultural shock," and much more difficult than you had anticipated. You mentioned some of the major issues that you faced: having to balance the budget, the staff shortages, the drug usage. Any others that you care to elaborate on?

Lisker: [pause] No, I don't really think—I think they were the major issues. Intertwined with all of that was a great feeling of accomplishment and also a feeling that the staff and the supervisory staff were all working together, which was a really good feeling most of the time—most of the time, let me put it like that. The changes that occurred were important. We began to involve the staff in meetings at the nursing administrative level. We'd have representatives from all clinical divisions.

The other thing that we did was we developed mentors for new graduates from the staff. These are nurses who wanted to work with the new graduates and who could orient them to the facility, be a support mechanism for them, to whom they could go if they needed any help. That worked quite well because we also had some staff who would eat their young and just drive us crazy. You bring in new staff. You go to the expense of providing them with an internship because they were getting full salary during this period. Then, they would just be totally abandoned. It was really, really demoralizing for the new graduates, and they would look for someplace else to go to. We had to stop that cycle. That was part of what we were trying to do also. There were some departments that were really in need of help.

One of them was the emergency department. I'm not quite sure what it is about nurses in the emergency department, but sometimes I got the impression that they felt that they could just do what they wanted, when they wanted to do it, and that they were not part of the team. It took about—changing staff, getting rid of some people, I mean, getting rid of them, forcing them really to retire or to go and look for another job someplace else, confronting them with the union and saying, "This is intolerable. It cannot go on." There were some departments where I was really saying, "This department cannot function like this," bringing in a new supervisory staff, bringing in new staff persons to work directly with patients. You had to be patient—sometimes it was difficult to be patient—to assure that we were looking at the problems and taking them to heart and working them through, not with just the nursing department but also with the physicians in that department.

Dunning: How would you hear about problems? From the physicians, from other nurses, or from your own observation?

Lisker: All of them. All of the above. Supervisors, staff nurses also—always in confidence—physicians, administrative staff. Physicians would get a different take than I would. Actually, one of the things that I tried to be sure to do was to keep in touch very carefully with the nursing supervisory staff, saying, "Are there any problems with your department?" or looking at issues, but always having some clear goals and objectives so that they knew where they were starting from and where we needed to end up. Then, meeting with my assistants on regular—weekly basis, really—and looking at goals and objectives and then meeting with them individually and with their supervisors, and then having a big meeting together with everybody for stuff, but close communication—communication that was appropriate.

Sometimes it was inappropriate, but as appropriate as we could make it. Being sure the supervisory staff got the help they needed. Working with materials/supplies department to be sure that they had what they needed in the clinical divisions to cut down on running from department to department to get something that they want. It was, again, being on various committees within the hospital—the pharmacy committee, the medical records committee—so we could communicate with other departments, unit management, social service, that we would coordinate what we were doing.

Dunning: It sounds like a humongous job you had.

Lisker: It was. It was twelve hours a day.

Dunning: I was going to ask you—when your children were younger, you said that you worked nine to two. This sounds like a job and a half.

Lisker: It was.

Dunning: Did you change your schedule?

Lisker: The children were now in college. Now Fred's saying, "What time are you going to be home tonight?" [laughter]

Dunning: Could you describe a typical—is there a typical day? Was there a typical day in your new job?

Lisker: Getting in there around eight o'clock or seven in the morning, looking at my calendar, working with my secretary seeing what's on the calendar for today—can I do this, that, and the other—making rounds, being visible is a cry that comes out from everybody. But being visible in the clinical area on a regular daily basis almost became an impossibility because I had meetings up the kazoo. I had meetings from eight o'clock in the morning until sometimes seven o'clock at night. They just went on. To fit in making rounds, I had a lot of luncheon meetings. I usually got home between seven and seven-thirty at night.

Dunning: You almost had a twelve-hour day.

Lisker: On top of which, because I was nursing—I didn't mention I became nursing administrator in 1980—because I was in charge of the facility seven days a week, twenty-four hours a day, I often got calls in the middle of the night. I would get a call at eleven o'clock saying, "Clair, we don't have enough staff for this particular floor. We have eight patients waiting to be admitted in the emergency department. We don't have enough beds. Where are we going to put the patients?"

Dunning: And you would be the point person.

Lisker: I'm the point person. They're calling, and I'm saying, "Maybe I need to come down and take a look and see what's going on." It was horrendous, and it hasn't changed.

Dunning: You were assistant director of nursing from '76. Who was above you?

Lisker: It was the director, then. That was Pat Bayliss.

Dunning: Was she called in the middle of the night, too?

Lisker: Yes.

Dunning: Were there some times that you thought, "What am I doing here?"

Lisker: This is it. This is it—I'm going nuts, but there was always something that sort of mellowed me out. Again, it was the people that I was working with. We had a good staff. The physicians were very supportive. I met with the physicians on a fairly regular basis. The residents, also, but the residents were also burdened with a lot of tasks and responsibility for patient care.

Going back to communications and how important it is. The physicians, if they had problems, would go to the chair of their department or the chief of their department who in turn would go to the physician-in-chief. They had that kind of a hierarchy. The physician-in-chief would go to the hospital administrator and say, "This is what's happening,"—about nursing. Then, my boss would come to me and say, "Clair, what's going on here?" And that might be the first I heard of it. I'm saying, "I've got to look into this, and I'll get back to you." When I talked to the physician-in-chief and said, "The communication isn't working this way."

Dunning: Who was the physician-in-chief at that point—mid-seventies?

Lisker: Actually, that was Joe Sender. The assistant physician was Bob Klein. So I went to Bob, and I said, "This isn't working, because if you're hearing stuff that I'm not aware of, I would hope that you would have whoever the physician is in that department talk with the supervisor at that moment, to be sure that whatever is going on gets taken care of before it reaches the point where obviously it's at a boiling point so that we can resolve this." That began to work a little bit better. Again, it was being sure that the communication was going in both directions. [phone rings, tape interruption]

To get back to that, if that communication went on at the clinical level, the problem could get resolved maybe. If it didn't, then we could go on up the line. I felt that that face-to-face communication, when things occurred, would cut down a lot of aggravation.

Dunning: Could you give me some examples of situations that would hit the boiling point?

Lisker: I can remember particularly some nurses who felt that they knew more than the residents. That is going to set everybody on fire. You had that spark going on in the department. You have nurses who were not communicating with each other and it affected the department, or you have a physician in the middle of the hall screaming at somebody because he was so frustrated by something that had gone wrong. That's the kind of stuff.

Now, that last example is inappropriate at any time. You just don't do that. That's an issue that immediately you talk to the chief or you go and say to the physician–

Dunning: You can't do that.

Lisker: No, no. Out of here—let's go in your office, quietly. These are the kinds of things that happened.

Dunning: It seems like some of it would just happen naturally—heads butting and, maybe, I don't know if the nurses resented the residents coming in—

Lisker: These are nurses who'd been on the job for ten years. It's a brand-new resident.

Dunning: They probably did know a lot more.

Lisker: They'd say, "Is this the medication—is this the dosage you really want?" "Yes." "Are you sure?" "Yes." "Well, can I talk with Dr. So-and-so who's supervising you?" But, usually the residents were pretty amenable to the nursing staff because—or the interns—they'd been told, "Some of the nurses know more than you do. Wait until you get your feet wet." The communication—that it be professional and that it be done in private if there were problems with anybody was terribly important. The patients are on the receiving end of all this, and you want the staff to be able to work together. It was a very interesting ten years.

Dunning: So it's ten years—?

Lisker: As nursing administrator. Extremely interesting. But, I think I would like to take credit for the programs for the new graduates, which were really, really very helpful in terms of our increasing our staff and maintaining our staff—and the kind of efforts that were made to assure that we did everything we could to be sure that the staff knew about our philosophy and that our patients all received very safe care. We had medication errors. We had patients falling out of bed. We had all of the things that happen in a hospital—miscommunication, staff who sometimes did not know what they were doing, but most of the time did.

To provide the education for those staff to maintain their currency, to keep them informed of what was new going on in nursing and in medicine was terribly important. Opening the lithotripsy department, which was new. Being sure we had the staff for that department, and that's ongoing. That's a really good department where we could crush the kidney stones and—

Dunning: It seems like it was a real advantage for you to come from your education background because you knew that education was a continuing thing. It seems like you provided opportunities for the staff for continuing education.

Lisker: I did. That I did—increased our holdings in the library. The other issue, of course, was complying with all of the rules and regulations from the state. I guess one of the issues would be patient complaints that go to the state, and then you'd have a state representative on your doorstep saying, "I'd like to review these patients' records," and then make rounds—all unannounced.

Dunning: Would you be the one to deal with that also?

Lisker: Yes, yes, yes. Obviously, the state was in the hospital. I'd have the representative in my office saying, "Yes, let's get the records. Of course, you can see the records. Yes, we will make rounds."

Dunning: You would have to do that immediately when the state came.

Lisker: Drop everything else. Then getting ready for joint commission and hospital accreditation. That was every three years. We had to be sure we had on an ongoing basis really—you maintain your licenses to be sure they're all current. You had a system in place to be sure that the nurses are renewing their licenses—they are complying with the state requirements. That our policy and procedure manuals are all updated. That we have evidence of continuing education. All of the things that we needed. We have evidence of quality control. That we are looking at our problems, and we can document what we've done to ameliorate the problems or to eliminate the problems if we can or to reduce the number of incidences in particular areas. All of that had to be documented so it was on an ongoing basis. It didn't stop—staffing of the hospital twenty-four hours a day, seven days a week.

Dunning: How did you do it? [laughter] It seems like an impossible job.

Lisker: We had good staff. We'd be on the phone. We'd talk to staff—saying, "Would you mind doing a double?" That word I hated because you knew you were going to say, "I don't have anybody." The issue of staffing the intensive critical care—pediatric intensive care—that was a nightmare because we never knew when we were going to get a baby that needed intensive care.

Indeed, I can remember at one point where I had a staff nurse who had asked her supervisor if she could have a weekend or a Saturday or day off. The supervisor said, "I don't have anybody to relieve you because you're only working twenty-four hours a week and you have to work every other weekend." When this particular staff nurse

was hired, she didn't let us know that she was Orthodox and that she—so what she did in the clinical division is, she would arrange with one of her colleagues to be off every Saturday. It got to the point where nobody wanted to do that anymore, and she still wanted to be off every Saturday. The supervisor said, "No, I don't have anybody to relieve you. You have to be at work." Then she came to my office, and I said, "This is what has happened and you knew this already. We don't have anybody." She said, "I'm just going to call in sick." I said, "That is not very ethical. You're sitting in my office telling me—look at those babies. Where is your sense of ethics?" The next thing I know is: I got home and Fred said to me, "What's going on?" I said, "What do you mean; 'What's going on?'" He said, "I had a call from somebody who said that you were anti-Semitic." I said, "You what?"

Apparently, what happened was she wanted Saturday off because it was some Jewish holiday. It wasn't just the Sabbath, but it wasn't a High Holy day. Fred said, "Didn't she know that I'm your husband?" I said, "It's none of her business to start off with who my husband is. On top of which, what she told me was unethical. She has to come to work because we have nobody to take care of the babies." Apparently, it went on a little further than that. Then, another friend called and said, "What is going on with you?" I said, "Nothing. Let me tell you the story." Guess what? She went on, and she became an ethicist. She got her PhD in ethics.

Dunning: Wow. Did she continue working at Kaiser?

Lisker: She did, yes. I said to her, "You know, if you want every Saturday off, just go on-call. Then you can just call your shots. You know when you can work. You can work just every day if you wanted to"—because we were short of staff. She said, "Well, I don't want to do that because I get benefits at twenty hours a week." I said, "I'm sorry. Everybody has to work every other weekend. That's a union rule. We need you, and you're scheduled to work twenty-four hours a week." She wanted benefits—more, more. That was the kind of thing. Our new graduates who would come in and say, "I only want to work the day shift in the postpartum department, or I only want to work the day shift in labor-and-delivery." I said, "But the vacancies—"

[Tape 12, Side A]

Dunning: Shifting gears ever so slightly. You said that you'd like to talk about your boss.

Lisker: My new boss. My first boss was Joe Mulroy, who was really a lovely, lovely man and who was very helpful to me in that transition from an educator to an administrator. The icing on the cake for me was Tom DiMartino. Joe was promoted to the regional office, and Tom came from San Rafael as the administrator in Oakland. Tom was, again I think—he came from a small facility with the same kinds of problems, however, that we were having in Oakland in terms of the nursing shortage. He was really, really, really supportive of all my efforts to increase the budget, to provide all of the kinds of things that I provided for the staff, to bring us around to having an excellent nursing department—one that communicated most of the time with all the other departments that also had a sense of humor and could put things in perspective. Always, he was supportive.

The other thing that helped was that I was usually not over budget. I was able to manage the resources. He gave me a lot of leeway so that if I felt that—because one of the things that was really distressing to us, and I had mentioned it already, we'd be out of beds. We didn't have a bed for the patient. Then the issue would come: the patients at that point were piling up in the emergency department with the need to be in critical care or God knows where, but certainly in some clinical division. We began to transfer patients or not accept patients in the emergency room, which was devastating. You began to divert ambulances because we didn't have the wherewithal or the space or the staff to take care of the patients. The other facilities in the area, not quite to the extent of Kaiser, but the same thing was happening in the community at large.

Dunning: You would send them to other Kaiser facilities?

Lisker: If they had a bed.

Dunning: Oh, it was that bad.

Lisker: Yes. They might end up in Merritt or, at that time, in Providence Hospital or at Highland or wherever we could put the patients. Of course, we were being billed by those facilities. It was money just drained from our budget. We tried in every which way to be sure that our staffing was appropriate, that we could bring it up to speed, that we could open up more beds, that we had the staff and the facilities to take care of patients. That's still going on to some extent. That hasn't changed, but at least we could modify it.

Then, of course, when we had the strikes with the union—which was another eye-opener and just terribly distressing. Here I am, with my nurse colleagues—I consider them my colleagues, professional colleagues—out walking picket lines in front of the hospital. The physicians helped give patient care. That was interesting.

Dunning: Would you have to cross the picket line?

Lisker: Yes, yes. Because we had to do the staffing. We had to see which doctors were going to be on which clinical division, supervised by a nursing supervisor. Doctors were saying, "Can I lie down for a couple of hours on the night shift?" No, no, no, no, you had to stay awake. You had to take care of the patients. That was interesting.

Dunning: I know one of the first big strikes in Northern California region was in 1974.

Lisker: Yes, and the students did not—we did not cross for that because school was going. The students did not go in the clinical division. We didn't feel we could, basically, expose the students to that, at that point. We just gave class and worked with the students, but they did not go into the clinical field at all.

Dunning: Was there another strike in 1976?

Lisker: No. But, when I was nursing administrator, there was a strike in the eighties. In fact, we had two strikes. Then, the state also comes in to look at your staffing pattern or you

had to transfer patients out of the facilities. Patients were either sent home or sent to other hospitals in the community. It's totally disruptive to critical patients, particularly. You were really endangering their lives by putting them in an ambulance and sending them someplace else. It was horrific. I wouldn't want to repeat that at all, at all.

Dunning: Were you ever threatened?

Lisker: I was threatened by that staff person I mentioned who said I had ruined his life. No, I was never threatened by anybody on the picket line. No, no, no.

Dunning: Is this the time that you kind of separated yourself from the California Nurses Association, or did that happen earlier?

Lisker: I was a member of the California Nurses Association up until probably the eighties. I had a very strong commitment to seeing my colleagues as professionals. At one point, it just became untenable—just refusing to care for patients, walking a picket line. I know in my heart that the reason the salaries increased the way they did was because of what the nurses did at that point in time. I know that the nursing budget is the largest budget and the highest salaries now. I made seven dollars working eight hours working way back, doing a double shift.

Dunning: You made how much?

Lisker: Seven dollars for eight hours of a double shift. My first paycheck, I think, was $174. That was a long time ago. When the first strike occurred, our salaries jumped by, I would almost say, 50 percent. I'm probably not correct there, but at least 25. It was a humongous jump.

We're looking at our membership. We're looking at how many members we have. We're looking at Kaiser not spending money on administration, and they never have. It was, like, 5 percent is maybe on administration. The rest was in patient services and patient care. We're not looking at administrators who were making a killing. They were making fairly low salaries in comparison to physicians in private practice. To be honest, we worked very hard, but we needed more pay. We needed a better salary structure. I think that has come to pass. I think we have probably the highest salaries in the area. We have beginning new graduates—if they work the night shift—are probably making about fifty-five thousand a year, which ain't peanuts. I think something happened in terms of just focusing on salaries rather than how can we improve the quality of care. They tied it in with that.

Dunning: That's the understanding I had, that it was always connected with patient care or that wasn't the case. You were on the inside so you would know.

Lisker: Not always. I often wish that the nurses association didn't have the labor negotiations tied in with it. I wish that it were a separate entity. When I was looking at some of the literature that came out of the fifties, they had introduced that to separate it out. I don't know why it was turned down, but it was. It was turned down by the nurses'

association. They didn't want the bargaining unit connected with the association, but it went into it anyway.

Dunning: Was it a requirement: you had to be a member of the union?

Lisker: It is now. But in the beginning it wasn't.

Dunning: Did you join in the beginning?

Lisker: I was a member of the California Nurses Association and the American Nurses Association from the fifties, from the very first time I got my RN. I automatically became a member of that as well as the National League for Nursing which was the educational component for nurses.

Dunning: At a certain point, the California Nurses Association split with the American Nurses Association.

Lisker: The California Nurses' Association is an entirely separate union. It stands on its own. It's not part of the American Nurses Association.

Dunning: The American Nurses Association is the professional organization.

Lisker: That's correct. They basically told California good-bye.

Dunning: Is that still the case today?

Lisker: Yes. It is. In the south, it's a different name. The United Nurses of California, I think is what the south is. Don't ask me why. I have no idea about the politics.

Dunning: It sounds like those labor issues were really big and extremely challenging.

Lisker: They still are big. They still are challenging. I guess there are negotiations coming up again fairly shortly. We'll see where that goes.

Dunning: It seems like one of the other changes in the seventies was with the advances in technology—the CAT scans, the ultrasounds, the nuclear medicine. There would be a whole new group of technicians, and so you had a bigger work force.

Lisker: We had a bigger work force. We had the respiratory therapists who came in under the nursing department. The departments began to increase as well as the responsibilities. We had to provide the lithotripsy, for example, and that was in the eighties—the latter part of the eighties. We had to provide the education for the staff with the more complex machines that were attached to patients or the kind of technology that we were using. We had to be sure that we had education in place for the staff before they could work with those instruments.

We also had to be sure they didn't forget they were dealing with a human being who was tied up to all those tubes and bottles and whatever else was hanging around the

bed. We had to balance that and be sure they didn't forget that this was a human being who happened to have all of these tubes from every orifice. We had to be sure they really knew how those machines worked—very, very important. We had classes on that on a regular basis.

That goes on. That cannot change because technology changes. The nurses using the computers on the clinical divisions—we never had those in the seventies. We had them in the eighties so they had to know how to operate the computers. Now I think they are probably going to have documentation via computer. They have some, but then the nurses must be literate in computer technology. That changes everything, too. It changed the composition of the clinical division. Where are you going to put these computers so nurses can sit at them?

Dunning: The whole view is different.

Lisker: The physicians also use the computers. You can pick up all the information on patients' special treatments that they may be having on the computer. Go into the physician's office right now, and they can tell you when you had your last lab work, if you had your x-ray what the result was, what medications you're taking, if you're going someplace else and getting medications that you shouldn't have, they know that. It's all interconnected. It's wonderful.

Dunning: It doesn't seem like there's a downside to that. Is there?

Lisker: The downside, I think, is bringing everybody up to speed and then being sure you had the training—that was another issue. When we computerized, I wanted to be sure that we had appropriate time to train everybody and the funds to do it. You want both. If you don't get both, something's got to give. With the nursing staff, you had to think in terms of twenty-four hours a day, seven days a week. You had different staff on every shift, so the educational component is humongous. You want to be sure you have the wherewithal to do it and to do it properly.

That was a constant struggle, again, of just balancing your dollars and seeing how they were being used—being sure you weren't overusing supplies, that people conserved. That we were aware of what was going on in the community and were not throwing plastic bottles—all this plastic stuff that we use in the hospital. Most of it is just a throw-away—terribly wasteful. Also, in terms of degradation of our environment, being sure that we were appropriately disposing of—these are all the things—of medications, that they were being disposed of appropriately in the bags that everybody was aware of, isolation and sterile technique. That they weren't cross-contaminating things and people. Patients not causing iatrogenic disease because the patient was cared for by someone who didn't wash their hands properly. There's the hand-washing techniques. All of these things that you had to be sure you were incorporating along the way.

A fascinating job—absolutely fascinating job. I don't know that there is anything that can be more frustrating and possibly more fulfilling—both—and trying to balance that with some kind of a life.

Dunning: You said your children were in college at this time, but you still had a husband, Fred, at home.

Lisker: Absolutely, absolutely. He was very supportive and is. It got to a point where he said, "I'm home alone all day." I said, "Then you have to become active. You have to find stuff to do." He loves to read. He loves to go on his walks, but basically he is not handy with his hands [pause] so reading and walking became his favorite. For me, getting to Hawaii every year was an absolute must with no phones and just total—

Dunning: Would you go for two weeks?

Lisker: Yes. No phone calls, no nothing. Just to sort of get it back together again. Because it was a wonderful job, but all-encompassing.

Dunning: I remember you had kind of a funny story when you were on the faculty of the nursing school. Your reputation was "The War Department is coming." What was your reputation with this new position? Do you know?

Lisker: No. I think mostly people knew where they stood with me—that didn't change. I think I was honest. I wanted to be sure that we were using patients' dollars carefully. I know I was dependable. I don't remember having much sick time in all of the years I worked for Kaiser. Maybe I was out for a month when I delivered Wes. I took some time off when Susie was born. When they were both young, just working from nine to two, which was great, and then having the summers off which was also wonderful.

While I loved education, there's something about administration where I felt I could probably do more—well, I don't know—do more instead of being a staff nurse. If I had some, I guess you want to call it power, that I could influence—more influence—over more people in a positive sense than as an educator. I think when I listened to the graduates talk at the fiftieth—talk among themselves or to us—they talked about the education they got, which they felt was fabulous. It's a wonderful life that I've had. What is the icing on the cake? The icing on the cake is that our grandchildren are wonderful. Our children are great.

Dunning: And your son is a Kaiser physician. [laughter]

Lisker: He's carrying on the tradition.

Dunning: What kind of influence did you have there?

Lisker: I don't know, actually. When he was doing his fellowship at Stanford, I guess Abby got pregnant, and he applied to Kaiser Hayward for a position. I got a call from Dr. Gaston [Dr. Harper Gaston] who was the physician-in-chief at the hospital, and he said, "Clair, I wanted to be the first to tell you: I've appointed Wes."—before he'd told anybody else. I don't think he'd told Wes. He said, "You're the first to know." That was good.

Dunning: Often people talk about the "Kaiserization" of staff who work at Kaiser. I remember asking at one of the meetings we had with Mr. Alan Mann and Tom Debley: how did that happen? Did you do a training program to sort of let people know? They said it just kind of happened.

Lisker: No, no. There never was a training program. What there was: if you were there in the beginning, you knew that we were on very shaky ground. I think that when I started there might have been 50,000 patients or something like that—not very many. Then you saw the gradual increase over the years. What we were focusing on really was using the patients' dollars carefully. The other thing that we were focusing on was education of patients so they knew how to take care of themselves. That sort of permeated the whole scene, but the other thing was a kind of camaraderie. That we're all in this together. If it's going to work, it's going to be because we're working together. I think that was a driving force too. When I was in my rotation in the dietary department, having to go across to the Mayfair market to buy some sodas because it was cash on the barrel head that we were that short, and we didn't have what we needed for the patient. To go and buy some 7-Up or fruit or whatever we might need. That would glue you together also.

It continued because of the relationships that were built up. Each new group of physicians that came in and each new group of staff that came in—we want to get these patients well. We want to teach them how to take care of themselves when they go home—that they know how to give their shots, that they know what medications they're on. It sort of became second nature. It grew, and it grew, and it grew. Some of that got lost because it got so large, but I think for those of us who've been there and associated with it for a long time, it's like home.

Dunning: You speak of it like it's home. [laughter] And it practically was.

Lisker: With all the warts and everything else. I really can't tell you how fabulous it has been.

Dunning: I think that's coming through. It really is. I think we're just about finished for today. We were trying to talk about the 1970s today, but we didn't really talk about what was going on in the country as kind of a backdrop. There were many unprecedented events in the seventies in American life. There was the first peacetime gas shortage, the first lost war, the first president to resign. Did those sorts of things affect your day-to-day work life?

Lisker: Not so much affect my day-to-day work life, but certainly we were on every single peace march that went through Berkeley. We were involved in that sense. We were anti-Vietnam War. We wanted to be sure that our son was not going to become a victim of that craziness—President Johnson, President Nixon all coming out on the tapes. The horrors that went on that we didn't know about and how awful it was.

Dunning: We had Kent State and the killing there followed by the nationwide protests.

Lisker: It was horrible. It was a horrible time in our history. It should never have happened. It should never have happened. McNamara—when I think of those people and the kind

of effect they had. The Vietnam War—and the Korean War—a lot of our physicians were called up. Unbelievable times. It didn't affect—at least that I know of—it didn't affect us that much in the job. We personally had our own feelings about why we were in Vietnam and what our presidents were doing to the country and the people that they had appointed—or had been elected even, for that matter. We were political activists in that sense, but not in terms of my work. It wasn't a secret, however.

Dunning: Right. Is there anything else you'd like to add for today?

Lisker: I think I've just about done it for today. What else did you have on your list?

Dunning: I actually think we went through most everything on the list: the nurse practitioner, the closing of the nursing school, your new position, labor relations, some of the advances in technology. We didn't go into any particular nursing research of the seventies, but I'm not sure we need to do that today. I think we've covered quite a bit. [pause] You mentioned that you're having your annual luncheon—nurses' reunion—on Saturday.

Lisker: That's an annual event in April. That's been going on for quite some time. We anticipate having about a hundred people at the luncheon. Actually, last year we had a 125 so we may do the same this year.

Dunning: Are you speaking?

Lisker: I'm going to talk about what's happening with nursing education and what Kaiser is doing to support nursing education. We are going to be talking about the possibility of re-opening the school.

Dunning: The nursing school?

Lisker: Yes. I'm not sure if that is going to happen, but Dr. Gilles, who is the dean of Yale School of Nursing, was here, and I met with her for two hours to talk about the school as I knew it and what we had anticipated for the school prior to its closing, and that we wanted it to become a four-year degree-granting institution, baccalaureate. It was my strong recommendation that if Kaiser does open a school of nursing that it be a four-year program affiliated with one of the colleges—just like Merritt College of Nursing is affiliated with St. Mary's. I have made inquiries, and it's still in process. This isn't something that can be done overnight because we don't have a building. I don't know where the funding will come from—how to get faculty, how to start it, how to do all the preliminary work that needs to be done, how to get approval from—

[Tape 12, Side B]

Lisker: Where was I again?

Dunning: A lot of the background that people will have to do to get the nursing school up and running.

Lisker: If it goes. In the meantime, Kaiser is subsidizing a lot of the universities and colleges that are providing student nurses, that are educating students. They've given monies to hire more faculty, which is very helpful. I think that last year they contributed about—I want to say about three-quarters of a million dollars. I know this year they have something comparable.

Students can also apply for a grant, and they can get employment at Kaiser and be forgiven of their indebtedness. I was on that committee for a while in the nineties. What I didn't talk about also was what we've done since I've retired and that was working with Dr. Lois Welsches to provide education for staff. Did I mention that?

Dunning: No, because this would be after the eighties.

Lisker: This is the nineties we're talking about. I really need to get that in because I think that has been wonderful.

Dunning: Why don't we save that piece? Does that sound okay?

Lisker: That's fine.

Dunning: Why don't you tell me the doctor's name again?

Lisker: Dr. Lois Welsches. Lois has her PhD from UCSF. She lives in Santa Rosa, and Lois and I worked together on that program for Kaiser for Northern California.

Dunning: I think one of our final sessions we will talk about your retirement. It seems in a lot of ways you didn't really retire.

Lisker: Dr. Gilles is the other part of it that I met with. I met with her last fall for a couple of hours.

Dunning: That sounds very exciting.

Lisker: And then the fact that I'm also on the Heritage Committee. I've got to get that in too.

Dunning: Next time, we'll do the eighties until your retirement. [pause] If we have time, we'll go into what you've done since your retirement in terms of your involvement in nursing education.

Lisker: Yes. It felt like I was back in the classroom again. [laughter] Which was great. Lois is really a wonderful person to work with. I've got to think of all the people's names who were the A/V department because they were very helpful.

Dunning: In the A/B or A/V?

Lisker: A/V. Audio-visual.

Dunning: Thank you very much.

Lisker: Thank you. It was a pleasure.

Dunning: As always, you're a wonderful resource.

[Interview 7: May 1, 2002] [Tape 13, Side A]

Dunning: Since our last meeting, you attended the annual luncheon and reunion of the Kaiser School of Nursing. While it's still fresh in your mind, will you tell me about it?

Lisker: It was really a very interesting meeting for a number of reasons. There were ninety-two graduates at the luncheon. It's an annual affair. We have a luncheon usually someplace in Pleasanton. This happened to be at the Crowne Plaza in Pleasanton because it's relatively convenient for people to get there. Transportation is not too much of a problem, and there's lots of parking. It's reasonable in terms of cost—we always take that into consideration. There are always some reunions of various classes, and they do a fair amount of communicating ahead of time to see how many of their classmates can come. We usually send out a note to everybody that we would welcome them. Actually, it paid off. It was a very good luncheon.

One of the issues that has come up recently—and it goes back to the fiftieth reunion, which was our big bash at the Claremont—is that our structure is pretty loose, and we have somehow lost our bylaws. One of the issues was—we constructed some new bylaws that we wanted people to vote on. That took up about probably an hour of our luncheon time. The vote was in favor of reconstructing our bylaws so that we have structure, which we hope won't be too rigid, but would certainly give us enough impetus to go forward in a more positive sense. Basically what we had was one individual who was taking major responsibility for just about everything.

Dunning: Everything to do with the reunion?

Lisker: With the reunion, collecting dues. She was the chairperson. She was the treasurer. She was the secretary, and we said, "No, no, no." We'd been trying to change it for a while, but the impetus really came from our reunion on the fiftieth anniversary at the Claremont Hotel because we'd had a good planning committee at that time. It was evident that we really needed to do something a little better on an annual basis or biannual, and communicate more effectively with the alumni. We're in the process now. We've got a steering committee, and we're trying to get that organized. We have bylaws which we have voted on to accept—a majority of the group accepted that. We have a great number of people who are interested. I think from now on we will have, maybe, a better turnout at our luncheons.

Dunning: Ninety-two seems pretty good. What is the name—official name—of your organization?

Lisker: It is the Kaiser Foundation School of Nursing Alumni Association. That is the official title. We're going to continue with that; we're not going to change that. It's always very, very interesting because we hear from individual participants what they've been doing, and a lot of the alumni are still very active in nursing. Many of whom hold fairly responsible positions. Many of them are managers. They're supervisors. They are involved with quality. They are working for the state. There are some working for the feds, some in local areas, some with community hospitals, some private facilities.

Some are working with HMOs, and some are doing other things, which is also interesting.

Dunning: Are many of them still associated with Kaiser?

Lisker: A good number are, or they have retired from Kaiser. One or the other. Many of them have worked for Kaiser for a long, long time. It's not just me.

Dunning: What are some of the concerns and issues that the nursing grads were talking about?

Lisker: The primary issue, of course, is the shortage of nurses, and what we can do to try to help to increase the numbers of young people—get them interested in going back into nursing, knowing how to do some investigation related to what's available in nursing, the different kinds of nursing programs, what their options are after graduation, what kind of post-graduate work is available. We did give out three scholarships also at the luncheon—one for two thousand dollars to a young woman who's getting a master's in maternal/child health. She's the daughter of one of our graduates. The other two are also children of graduates. One who's beginning nursing was given five hundred dollars, and another individual who is also starting was given, I think, a thousand dollars. [tape interruption]

Dunning: We were talking about the nursing scholarships.

Lisker: We've been giving scholarships to students now for probably about—off and on—six years. We also gave a scholarship to one of the graduates, Sylvia Barnes, for—she got her doctorate from—[pause] what is the university in Washington, D.C.? I want to say Georgetown. It was another one there, but I'm not quite sure.

Dunning: There's George Washington—there's quite a few of them.

Lisker: We gave her two thousand dollars, and she finished her doctorate. She is working for Kaiser in San Francisco, which is very nice. She also taught at Merritt College of Nursing for quite some time before she went on to graduate school. I'm delighted that she's back with Kaiser. Mostly we've given monies to those who were students at Kaiser School of Nursing because we had some monies for them. The tuition before we closed was probably running around four or five thousand dollars a year, something like that. I don't have the figures on that, but it was something comparable.

Dunning: We can add that. You mentioned that one of the big concerns, probably the largest, is the nursing shortage. I was going to ask if the concerns now are different from the earlier years, but it seems to be a running theme.

Lisker: It is. When I first came in as the assistant director in 1976 after the school closed, one of the major issues at that point was the shortage of staff. One of my major concentrations in all the while, actually, that I was nursing administrator was to assure that I had appropriate staff in numbers and qualifications to take care of our patients. There were times when we had to close beds because we could not accept any more patients because we didn't have staff to take care of them.

We got into this miserable task of sending patients out of our emergency department into hospitals that had availability of staff and beds. It was grim. From an ethical point of view, I had a lot of problems with it. Even though we transported patients in the safest possible manner with appropriate staff to watch them in route, but still. When you think of sending a critical patient out of the hospital, it assumes all kind of—I don't know what the word is I want to use. For me, it was just mind-boggling, and ethically I felt we were in a hole.

Dunning: That was being done at other hospitals as well, you mentioned.

Lisker: It was around the Bay Area. It wasn't just California.

Dunning: Do you think it wasn't really because of a bed shortage, it was more of a staff shortage?

Lisker: We didn't have staff. Well, sometimes we didn't have beds, which was very legitimate. We had no place to put the patients. We would hold the patients in the emergency department in a bed and being watched and monitored until they could be transported to a bed in the clinical units. Usually it was the critical care unit, particularly if they were being monitored very closely. Patients would go to surgery —because they had to be taken to the operating room—and then, hopefully, we would have a bed available for them when they got out of the recovery room. It put a tremendous amount of stress and pressure on everybody—the physicians, nursing staff, housekeeping—to try and cope with if a patient died, we had an empty bed. It was just that grim.

Dunning: How did the—I'm thinking of the whole hierarchy at Kaiser—administration above you deal with it? Did they get involved in recruiting?

Lisker: I was part of the group. I was on the administrative team. It was a theme that went from week to week where I outlined, at every meeting of the administrative team, what we were doing to try and get nurses, what we were trying to do to keep our nursing staff. Gradually, we began to reduce the number of "travelers."

Dunning: Right. You mentioned the horror stories of the registry.

Lisker: We actually had the registry come up with what they were doing in terms of interviewing "travelers," what they knew about them, so that we had some good communication between the registries and our staffing clerks and the nurses who were in charge of staffing the various clinical divisions. We monitored them rather carefully, and they had an orientation when they came in. But it was still—here are these young women and men who are basically here for three months, no commitment to the institution. Our money was just going out the door like a river. What was the result? In three months, we'd be going through the same thing again or every month or every week or whenever we could find somebody.

Dunning: It sounds like it wasn't the best environment in which to recruit new nurses to have a commitment to Kaiser.

Lisker: That was why we really wanted to get the new graduates so we could put them into the training programs that we had. We could begin to develop that commitment to the institution and at the same time, be sure that we had the appropriate numbers and qualified staff. We did have to close down some beds when we didn't have staff. We had to. With our Kaiser members, we promised them that they will have care. They will have care by their Kaiser physician, and here we are sending them to other facilities in the area and possibly not having them come back to Kaiser because we still didn't have space.

Dunning: I'm wondering if there was a drop in membership at that time—if people got really frustrated.

Lisker: I really don't think that we had a drop in membership. We may have had a leveling out of membership, but that almost constitutes a drop in membership because the patients continue to want to be cared for. They're getting older. They need more care. Their visits to physicians are more frequent. The kinds of medications they get are probably changing. They have more acute episodes, and they may end up in the emergency department or be admitted to the hospital. It's like an old car that begins to break down so you have them coming in for surgery. Suddenly, they had to have a prostatectomy or they may have to have—whatever, because they're having problems. Those things still continue. Our costs may be going up because the increase in the rates go up from year to year.

Dunning: It sounds like, perhaps, a lot the younger members that hung in there with Kaiser, they're senior citizens now.

Lisker: Particularly in Oakland because the younger members are in the suburbs, and they're going out to Walnut Creek. They're going to Hayward. They're going to San Rafael. They're going up to Roseville. They're all moving into the 'burbs, and actually some of our staff were doing exactly the same thing which the regular membership was doing.

Dunning: The demographics really impacted Kaiser.

Lisker: They absolutely did. Then we were left with the older population. You're looking at Oakland, and you're looking at the young people moving out to Orinda and Walnut Creek and Lafayette and wherever else they're going.

Dunning: It seems like a recent nursing grad who was also interested in starting a family—it seems to make sense that they would want to be out in the suburbs.

Lisker: That's what they did, too. Kaiser Oakland, actually, was the impetus for providing in-service education. I've, I think, gone through that—the kinds of programs that we provided. When the staff had a year, we figured a year was great—they would work at the hospital for a year. Then, they would begin to look and see what was available because they were commuting—some from Vallejo. Who needs that every day? Then they applied for a position at Vallejo when there was an opening, and they'd get it. That continued, but at least they were going to another Kaiser facility, which helped. I

felt that was good. They weren't leaving the organization. We captured quite a number who left Oakland and went to other Kaiser facilities.

Dunning: Did Kaiser offer incentives for nurses to stay in the Oakland facility as far as you know?

Lisker: No, no. Not at that time. The salaries that we had in Kaiser were higher than salaries at the surrounding facilities.

Dunning: The surrounding Kaiser facilities or the non-Kaiser?

Lisker: No, no. The non-Kaiser facilities, because Kaiser had the same salary structure at least in the Bay Area, Sacramento. When they opened the Fresno hospital, they negotiated lower salaries in conjunction with the other salaries that were provided for people who worked in the various hospitals in the valley.

Dunning: Because housing was cheaper or—?

Lisker: Yes.

Dunning: Properties were less.

Lisker: I always have felt that Kaiser was in the forefront of salary structure for RNs.

Dunning: Do you think Kaiser attracted a particular kind of nurse? I'm talking about those that stay. I'm wondering: why would a nurse choose Kaiser over the other hospitals?

Lisker: Kaiser's a very dynamic place intellectually, and lots of our physicians were on the clinical faculty at UCSF. You had that great cross-pollination because the physicians, again, were very, very helpful in terms of communicating with nursing staff, working with them. It was more of a collegial relationship between the physicians and staff. You could sense it. There was a very good relationship. I think when you develop that you can work more easily and with those individuals also.

Dunning: I know that you've talked about kind of a back-and-forth relationship—a fairly easy relationship with the Kaiser physicians. Do you think that's because you came in at the beginning or—?

Lisker: I'm sure that had some relationship to it, but I really don't think that it stopped. It didn't ever stop. There's something about Kaiser and the physicians that almost says, "We'll work together." We talk "team" all the time. Now there were some physicians, you know, who were from the old school. You couldn't change them if you wanted to. You just gave up on that, but for the majority of the young physicians, the residents, the interns—many of whom stayed as residents and became staff physicians—you build up relationships over time. They're not wandering in and out for ten minutes just to visit their patients and then go to their private offices. They're part of the structure. I think that gave strength to Kaiser also because they were available. We could talk

with them. We could call them. They would come during their lunch hour. They would be available. They were on committees.

Dunning: You found that you were a nursing administrator. You were an educator and then an administrator. But, for the floor nurse, the staff nurse, would it be the same?

Lisker: We had a lot of staff who were there for years and years because, again, they built up these relationships. It was a comfortable place for them to be. They knew what was available in terms of continuing education. We had regular meetings between nursing staff and faculty from the various schools that affiliated in the eighties. We shared information. I was on the advisory committee—as I had mentioned—for the community college as well as Merritt College of Nursing. Dolores [Dolores Jones] was on a number of committees. I was active on state committees. We went to recruitment fairs. There were things that glued us together. We had activities within the institution to build up morale, to listen to what the staff had to say and to try and change practices, opening new departments—the lithotripsy department in the eighties.

I guess I want to put this—we were having difficulty with the emergency department, and I did not have responsibility for the emergency department as part of my administrative duties and responsibilities, but the difficulties that we were having related to long patient waits, inability to get patients onto the clinical divisions that needed to be where we'd have a bed—the kind of communication that went on between the emergency room staff and staff in the clinical divisions. My boss, who was at that time Tom DiMartino—or it might have been Joe Mulroy, I can't remember—asked me if I would take over the emergency department as part of my responsibilities, which I did. It was working with that staff and the staff in the hospital to be sure that they began to work together again. There was sort of, "We're not part of the hospital." Yes, you are.

Dunning: The emergency department?

Lisker: Yes.

Dunning: You talked about that a bit last time.

Lisker: I did, because it was a great worry. It was not the department that we wanted. It was not functioning at an appropriate level and we had to change that. There was an almost complete turnover of staff—nursing staff—in that department, also.

Dunning: Were nurses fired or placed in other areas of the hospital or left?

Lisker: Most of them left, and they went to work someplace else. Nobody was fired outright. There were issues with staff, and it indicated that they needed to have counseling and discussions and evaluations.

Dunning: That seemed like a big issue.

Lisker: It was. It was a major issue. That was in the eighties. Then, you saw the gradual improvement in that department, but nothing happened overnight. Nothing. The same with the staffing. It was always very anxiety-provoking to have to sit and talk with administration and say, "This week we could not hire anybody, and we had to use X number of 'travelers'" because we would just go crazy. When the students graduated from nursing school in June and took their boards, we would hire them during that interval as nursing assistants—because we could not hire them as RNs because they did not have their license. They hadn't gotten the results of the boards. That was an opportunity for us also to work with the young men and women to integrate them into the system. We had that lead, and we would hire them. That was very helpful because they came in with a lot of nursing knowledge, but they had to work as aides, they could not work as RNs.

Dunning: We've talked right along of the shortage of nurses. Was there a similar one with the physicians?

Lisker: Yes, but I didn't really know that much about the shortage of physicians. I found out about that later, and the efforts that were made to hire physicians.

Dunning: That's okay. We don't need to go into it. I thought I would ask because definitely the physicians' story will be coming out or has come out. It didn't seem to you that there were too few doctors available?

Lisker: You know, you'd hear the physicians talking about the amount of time they had to spend on-call. The fact that they were in the hospital, they were up all night and then had to see patients in the medical offices during the day. But, it didn't impact me in that sense. I think it probably had more of an impact on medical offices, and the physicians as a group working together. Again, they did a fair amount of recruiting of new—we were lucky at Kaiser because we had an intern and residency program. That also helped with stabilizing the care by physicians in the hospital.

Dunning: Interns and residents would come from UCSF and Stanford?

Lisker: Everyplace. We had very, very good residents.

Dunning: Did you find that your working relationship with the physicians—did it change from the early years?

Lisker: Not really. I always felt it was a collegial relationship or that I had a good relationship with the physicians. Many of whom were our friends. It was a very nice relationship.

Dunning: You've mentioned a few physicians, but I'm wondering if there are any that really stand out in your mind.

Lisker: That were very helpful and that I liked working with? Going way back, there was a physician who was on the medical ward, Dr. Kirby [Harry Kirby]. He was a great help. He was, more or less, in charge of the residents and interns and the patients what was the old B-ward of the old facility. He was always very approachable and would

help us—the nursing staff, the students—would talk with us about the various patients. I would like to mention him because he really was a nice man and a good man, a good physician. Joe Sender—I knew Joe as a resident. He ended up as physician-in-chief. We're friends with Joe and his wife even to this day.

[Tape 13, Side B]

Lisker: There was one particular physician who was a very, very difficult individual to communicate with. It was because of his frustration, I think, with staffing. What he felt was a lack of communication between the nursing office—I was not director at that time, I was assistant—and the staff in the OB department, post-partum labor and delivery. He came into my office soon after I had been appointed as assistant director and it was—I'd just gotten to the office, it must have been seven-thirty or quarter to eight in the morning—and he just stormed in and told me that he was "going to put a bomb under my desk," because he was so angry about staffing. I thought, "This is crazy, crazy behavior." I basically said, "Please get out of my office. I just absolutely will not talk to you." I thought, "I can't let this go by. This is ridiculous." I called Joe's—Dr. Sender's—secretary, Millie Rushdi, and said, "I need an appointment immediately with Dr. Sender," and she said, "Clair, the only time I can give you is four-thirty this afternoon." I basically stewed all day just terribly angry, saw Joe at four-thirty. I relayed to him what had occurred in the morning. I said, "I wanted you to know that this is the first and last time that this is ever going to happen to me by any physician in this facility. Absolutely uncalled for, not professional. I don't care what the issues are. We can sit down and we can discuss them." Joe said, "I've been hearing rumors, but I had never had anybody come and say to me that this is what is going on." I said, "You're hearing it now and it cannot happen again, absolutely cannot happen again."

He did indeed talk to the physician who came to my office and said to me, "Why did you go to Joe Sender?" I think that was the icing on the cake. I said, "Please, please. If you want to apologize do, but please leave my office. Please, I don't want to talk to you about it." That was probably the worst incident that ever occurred to me with any physician, and that was over a period of forty-three years.

Dunning: Did he stay?

Lisker: He did. He was the chief. Then he stepped down as chief and was a staff physician in the OB department. Actually, he was also on the physician committee that gave me my appointment as nursing administrator. I don't know whether he voted for me or not.

Dunning: Was this after—?

Lisker: That was after, yes. That was after. I'm not sure that I had his vote. I'm not sure I did, but it didn't matter really. A group of physicians did interview me before I became nursing administrator. He retired probably in the early eighties. I think it was more his frustration at staffing than anything else and that was his way of coping. It was a very distressing incident—that I'm talking about it so many years later.

Dunning: My guess is he probably did that with lots of the people under him.

Lisker: I have a feeling he did.

Dunning: Maybe some of them were too nervous to—

Lisker: They might have been intimidated by him also. I wasn't intimidated by him at all. He has retired, and I hope he's enjoying his retirement [laughter]. He also did marry a Kaiser graduate. His wife was a Kaiser School of Nursing graduate.

Dunning: Maybe she mellowed him out a little.

Lisker: I hope. [laughter]

Dunning: You mentioned that you—there were some Kaiser organizations you belonged to where you socialized. I'm wondering where did you find your friends at Kaiser. Did it happen informally?

Lisker: Yes, yes. The administrative team always had some get-togethers. We'd go out to Concord—the pavilion—and have a picnic and listen to the music. For all the management staff in the hospital, we'd have a picnic in Tilden in the park and play ball over there, or people did. We had these get-togethers on a fairly regular basis because it was just relaxing, and you needed to get together away from the facility. Then we had social events with the staff. We always had national nurse week where we'd have food and exhibits that the staff had contributed to nursing here on an annual basis. That would be in the hospital, and then I'd be there for the morning shift, the evening shift and then the night shift—making rounds on the off shifts.

I'd go in at night to see how the staff worked to try and boost morale, let them know I was interested in what they were doing, same on the evening shift. Well, most of the time I was there until six and seven at night so I could always see the evening shift and make rounds before I left. Visit the emergency room on a regular basis to be sure things were going all right. That patients were being treated appropriately in terms of the inter-communication that went on between patients and staff. I had no concerns about the care the patients were being given, but I had a lot of problems that went on between nursing staff and patients that wasn't appropriate. Some of it needed to stop and it did as we—

Dunning: Could you give me an example?

Lisker: Abrupt care, abrupt communication. As an example, saying, "Just sit there. I'll put you in this room. You can't have anybody with you right now." It was the way it was said. You can say to a patient, "I'm just going to have to put you here for a little while, but we'll keep an eye on you, and yes, somebody can stay with you." There's a way of doing it. It was as though the nursing staff were being bothered by the patients. They were our clients. They were paying our bills. They were paying their dues. They were paying the salaries of the staff who were taking care of them, but that didn't seem to have just gotten into their heads that we were using our patients' monies to run the

facility, to provide them with the care they needed. That has changed, that has changed. You can't waste the monies of patients who you are contracting with to provide care. You have to be prudent in how you use patients' monies at all times.

Dunning: Do you think some nurses were afraid of you?

Lisker: I'm sure they were. [laughter] I don't have any doubts about that at all. At least, they knew that I stood for integrity and that I was keenly aware of the care that our patients were getting. I only wanted to be best for our patients. I would say to them, "Would you like to be in this bed?" I mean, turn it around. Do you want to be a patient who'd been treated like this?

Dunning: It seems like you must have had a no-nonsense reputation.

Lisker: I think you're right on the button. [laughter] However—

Dunning: And you speak your mind.

Lisker: Yes, yes. That's true.

Dunning: There's a real positive part of that too, in that people know where they stand. There's not this ambivalence.

Lisker: Exactly. I would want to go back to the physicians and our relationships and how we work together and the kind of social events we had. I would invite the team—the administrative team—for dinner to the house. That was always very nice. It wasn't that there was a lot of us. There were at that time two assistants, myself and one other person, and then we had Joe Sender and his assistant. It would be just the administrative team, so maybe eight or ten of us and wives. We'd have dinner, and then they'd reciprocate. It developed into a let's-get-together kind of thing. It was always very nice.

Dunning: Was there a role of the Permanente medical wives?

Lisker: Yes, particularly during the time of the nursing school. They were very helpful. I think I mentioned that they gave us lots of money for the library. When the school closed, I think that sort of went away.

Dunning: That organization was discontinued in the seventies. Did it coincide with the closing of the nursing school?

Lisker: It might have because that was their goal: to assist the school and the students. What we have now, and I'm a member of, is the Retired Physicians' Association. I was nominated for membership in that group.

Dunning: In the Retired Physicians'—?

Lisker: Physicians' Association. One of our good friend physicians, Jerry Gavee, who has since retired, he nominated me. I go to those luncheons.

Dunning: You're a busy woman.

Lisker: I know. They're held quarterly. That's really very nice. I enjoy that and meet all my friends again.

Dunning: Right. It seems like the Kaiser group—that was your social life.

Lisker: It was almost incestuous. Oh, we have another life outside that too. [laughter]

Dunning: You just had a big social life.

Lisker: That's right—going out for dinner, having people for dinner, going to shows, whatever. We have our own private social life.

Dunning: Was one of your benefits working at Kaiser getting all your health care? Did you become permanent members?

Lisker: I was a member when I was a student. Students were all members of the health plan.

Dunning: Then when you married—?

Lisker: Then when I got married, it just continued. Then the children and Fred were covered.

Dunning: That was free care or did you have to pay a portion?

Lisker: No, no.

Dunning: It was automatic.

Lisker: Yes. That was true, I think—I know it was true for management staff. It was true for faculty because when I was a faculty member, we had total coverage and that included the children until they were twenty-five, while they were in college.

Dunning: How did Kaiser work for your family?

Lisker: Fabulous, fabulous—diagnosed Fred with cancer of the thyroid way back—I was pregnant with Susie—did a radical neck, and he's been fine ever since. Two pregnancies—fabulous care. Anything that we've had has always been excellent. Of course, I know everybody.

Dunning: That's one of my questions, too. Did your background as a Kaiser nurse help you negotiate the system?

Lisker: Oh sure. I knew the system. I didn't have to negotiate the system.

Dunning: Did it help you hand pick the doctors—your primary care physician? Seems like you'd have a big advantage.

Lisker: I'd ask a physician, "Do you have an opening? Can I be one of your patients?" And, they'd say, "Yes." Nobody ever turned me down. [laughter] I had a great physician until he retired for—my goodness—

Dunning: Who was your physician?

Lisker: Dr. Howard Rubinoff—wonderful guy. He was my physician for—my word—thirty years, I guess. Then, now I have Pansy Kwong, and Pansy was an assistant physician-in-chief. Pansy and I worked together, sat across the table together. Pansy's been my physician now since Howard retired and that was—goodness me—I think probably '88 or '89. I keep on hoping she won't retire. [laughter] She's very good.

I wait for appointments like everybody else. I bitch and moan about the answering service. I send my notes in saying, "The medical care, pharmacy, everything all fabulous, just the phone system—do something." We were trying to do that when I was nursing administrator. It's much better than it used to be. I just can't stand all these long messages that come on the phone, "Push one, two, three, and four." I think they're trying to reduce that a little bit also so it's gotten much better.

Dunning: How is it being a nurse and a patient? How is that role?

Lisker: Sometimes I self-diagnose, which is not a very good thing to do. I try and keep it separated, actually, as best I can.

Dunning: You probably know the right questions.

Lisker: I can ask questions so I do that. I guess one of the nice things also is: if I have a mammography or if I have a Pap smear, usually I'll get a call saying everything's clear. They don't wait for the lab to send me the report. That's very nice. I get a note from Pansy saying, "Everything's fine."

Dunning: Well, that's great. You never had to go outside the Kaiser system?

Lisker: No, no. Absolutely not. I don't think I would do it. I know that our physicians see a great number of patients so that the history they have in terms of various patients with varying diagnoses is excellent. It's not like a private physician because everybody consults with one another within the system. They have classes and lectures on an ongoing basis to update—many of them are on the clinical faculty at UC. You know that you're getting the best care that's available. Indeed, if you need to be sent for further studies, you will be and have been.

Our patients, initially, who had open-heart surgery, most of them went to Stanford because that was the center at that time. Then, we opened up our own facility at Kaiser in San Francisco for open-heart surgery and brought in a lot of the surgeons from Stanford actually. Now, that sometimes is overwhelmed, and patients—since we have

to take care of patients at a fairly rapid rate, they also contract with St. Mary's in San Francisco, which has a very good open-heart surgery. Some children are sent to UCSF depending on what their diagnosis is because this is where the best care can be provided for these patients. Kaiser will contract out as well as taking care of it in-house. There's a critical point, I think, where they decide that this is what we're going to do because it will be more cost-effective for us if we build our own department. But, in the meantime, we'll use the best possible consultants that there are.

Dunning: Was that in the eighties or is that still happening now?

Lisker: It's still happening, yes. I think they're always forward-looking, and they don't just open new departments because somebody else is doing it. They really want to see how things work and how cost-effective it is. If they can contract with a facility that has the expensive equipment to provide the care for their patients without endangering the patients' life, they will do that. To a point, where they say, "Well, now I think we need to invest in building these facilities or adding this to this department." It always has to be done in conjunction with what's reasonable for patients and what's prudent and appropriate in terms of cost.

Dunning: Now, your son Wes is a Kaiser physician in Hayward. Do you think his growing up with his mother who was a nurse encouraged him to consider medicine?

Lisker: It may have, but he was always interested in science. He was just sort of driven when he was a student in high school. All of his projects were science projects as far as I can remember. He enjoyed—he's a Renaissance man, if I can even brag about my son. He plays classical music very well on the piano. He's a voracious reader. He knows everything about everything. You talk about astrology, and he'll tell you all about the stars. If you want to talk about physics, he's—I don't know where he gets the information. He's very bright, but he also is a very kind, gentle human being. He has the warmth for his patients. He is also, I hear from staff at Hayward, a very good doctor. He's the assistant physician-in-chief. He's head of quality. I think he was also the chief of nephrology which is his specialty—I'm not sure, but I think he is. He works too hard. He works too hard. He needs to slow down. He doesn't know when to call it quits.

Dunning: Well, you're not his physician, but you're his mother. Do you give him advice?

Lisker: Yes, I do, and he tells me, "Mom, mind your own business." [laughter] He's a wonderful son.

Dunning: Do you go to him for medical advice?

Lisker: Are you kidding? Absolutely not.

Dunning: Not even a little bit.

Lisker: No. Because he says, "Mom, call your doctor." He'll tell Fred to do the same thing. He says, "I'm not your physician. I'm too close."

Dunning: Okay. That makes sense. How about your daughter—

Lisker: Susie.

Dunning: Susie. Did she ever consider medicine?

Lisker: No, no. Never. When she was at Cal, she decided that she was going to be a party girl. That's what she was. She enjoyed her school. Actually, she is a very confident young woman. She works for an outdoor lighting manufacturing company in San Leandro. She is a manager of something there. She is extremely competent. She has three wonderful boys: Jeffery who's seventeen and 6'3", and has had enough sense to quit playing lacrosse. He decided he didn't want to be banged on the head anymore with the stick. And Danny who is just—he's fourteen and knows everything. He's bright and sharp as a tack. Jeffery isn't a slouch either. He's doing very well academically in high school, has a gorgeous girlfriend, all these little things growing up. And, Stevie who is just twelve. He was just twelve a couple of weeks ago. He's just a total doll. He's the sweetest little boy in the whole wide world. He is also bright as a tack and a basketball nut. Jim takes them to all the basketball games at Cal because—

Dunning: Jim is Susie's husband?

Lisker: Yes. Because Jim's dad was the physician in charge of football, I guess, at Cal for a long, long time. Jim is a sports nut, and the boys are, and Susie is. They're all in it together. Jim works with his brother who has a GoPed operation in Livermore. He's traveling quite a bit. I don't know what he is, but anyway, they're going to be in London in June for a week because Jim's going over on business. They have a factory in the north of Ireland also. He's busy running around, and Susie's busy.

Dunning: Did you ever try to get Susie to think about a nursing career?

Lisker: She absolutely said she would never from the time she was this high.

Dunning: She had no interest.

Lisker: No, none at all.

Dunning: Did your children ever think you worked too hard or too much?

Lisker: When they were growing up, I wasn't—

Dunning: You were on that nine-to-two schedule.

Lisker: Yes, I had a very good schedule, and then they were in high school. I was usually home by five, I would try at least—or earlier. I had a housekeeper, also so there was always somebody in the house. When they were in college, they were out of the house. They were both living on campus. Susie was in a sorority—don't ask me which one, I haven't a clue. Wes was living in a co-op.

When they graduated, we had two weddings. The first was Wes. He graduated from medical school the same time that Susie graduated from Cal. We went back to St. Louis, I can remember, in May for the graduation. Wes's wedding was in June, and Susie's wedding was in July. I guess Susie said sometime in September, "Mom, are you going to make Christmas dinner?" And I said, "No, Dad and I are going to be in Hawaii for Christmas." [laughter]

Dunning: You had enough occasions.

Lisker: That was a big year.

Dunning: What year was that?

Lisker: Oh Lord, 1976.

Dunning: About the same time the nursing school closed?

Lisker: Let me do this. They've both been married about twenty-two years, and this is—so early eighties.

[Tape 14, Side A]

Dunning: We were talking a little bit earlier off tape about the development of mental health programs at Kaiser.

Lisker: We've always had psychiatrists on the staff at Kaiser, but patients who needed to be hospitalized—for example, if a patient came into the emergency department and was obviously psychotic, as some did and some were, the patient would be evaluated by the physicians in the emergency department and kept there until we could find a bed in a community psychiatric facility. At the time, Highland did have a unit and patients were transferred to the psychiatric unit at Highland and/or to Gladman, which is another psychiatric hospital in the Oakland area. We didn't have a psychiatric unit at our hospital in Oakland. Still don't, but we have a large outpatient psychiatric department.

Dunning: How did you see the view of mental health care change during your tenure at Kaiser?

Lisker: I think that the issue of providing [pause] care for patients who were—I'm thinking in terms of the kind of preventive care that we provided for patients in terms of the classes, the handouts, having a patient education department where they could listen to tapes, look at movies. We've had since the—well, the seventies, really—before that also but more informally than the real structure that we had in the seventies. We also had the man and woman theater where we had the bodies of a man and woman with all the veins and arteries and organs which were transparent, and you could push buttons and get the various organs that you were looking at as well as very great pictures of women who were pregnant with babies, lungs of patients who smoke, how to give yourself an injection if you were a diabetic. We had all of that available back in the seventies with a wonderful theater.

Dunning: At Kaiser Oakland?

Lisker: Yes, when the new hospital was built. Then, we needed space and some of the things broke down. They donated the "Man and Woman" to UC Berkeley. What we have is an excellent patient education department where we have, as I had indicated, books that one can sign out—a library—we have books that can be bought on all kinds of aspects: diet, stress, backs, drugs, HIV. You name it, it's there and available for patients. We have librarians who help patients get what they need—volunteers who work in the patient education library.

Dunning: Is there a patient education library at every Kaiser facility?

Lisker: I'm almost positive there is, yes. It's an integral component of Kaiser really.

Dunning: You've already answered the question I was going to ask—and we've talked about this a little bit—about how so many health complaints or problems don't lend themselves to traditional medicine, but involve lifestyle changes. It does seem like Kaiser has been in the forefront of this preventative medicine through patient education.

Lisker: Absolutely true. The other thing that they have now is that you can plug into and get, if you have a computer—the whole thing is listed on the computer. You can find out what classes are available, when they're available, how much they cost if they cost—some of them do cost a minimal amount of money—and who teaches them.

Dunning: Who would run the classes?

Lisker: It can be run by physicians. It could run by nursing staff, social workers, nutritionists—dependent upon what the subject is.

Dunning: Maybe some of them, if there was a film or a tape or something, you'd only have to do it once.

Lisker: You can go to the library and get that tape: how to examine your breast, be sure you don't have any lumps, diet, stress reduction—that kind of stuff—exercises for your back, breast-feeding. The kinds of things that patients need help with. There's an assumption actually that when nurses have babies they know how to take care of their infants—not true. They have the same panic that every mother has.

Dunning: Maybe worse because they've seen worse-case scenarios.

Lisker: That's right. You take the baby home. You think every time they're not breathing or they're asleep that they're dead. You just think, "Oh, my word." Please, relax. The best advice I ever got from my pediatrician was, "Relax, Clair, enjoy. They're fine."

Dunning: The babies are tougher than they look. [laughter]

Lisker: That's right.

Dunning: Kaiser is known for their multiphasic exams. Do you know when that became standard for new patients?

Lisker: That started in the early fifties, because I can remember when I was a student, being in the clinic in the evening taking blood pressures of patients who were going through all of the Minnesota Multiphasic test? It was on punch cards. I remember that. Then, that was being done for quite some time until they gathered enough statistics saying, "Wait a moment, we don't really need to keep on doing all of this because it's not giving us all of the information that we need, or we have enough now on various aspects of preventative care that we can go on from there in a different way." That sort of, over twenty years or maybe more, that began to ease out.

Dunning: When you become a new member, is there an orientation and a screening that you have to go through?

Lisker: Yes, yes.

Dunning: A complete medical examination?

Lisker: Yes, yes. That's done on a regular basis.

Dunning: It sounds like that started very early.

Lisker: There are also specific kinds of things that are done for patients on an annual or bi-annual basis. I'm thinking in terms of the PSI—I'm not sure if that's standard now for most men—the mammography, the Pap smear.

Dunning: The sigmoidoscopy and all that starting in the fifties.

Lisker: Yes, there are always checks to be sure that you're up to date on any vaccines—pneumonias, flu. There are routine tests and routine medications that are given to patients from a preventative basis. Let's catch it early. Let's do a sigmoidoscopy—be sure you don't have any polyps and if you do, we'll remove them because we know they're precancerous. Those are the kinds of things that are really helpful to the patient.

Dunning: And to the organization.

Lisker: Absolutely, but mostly to the patients—to catch it early so that you can really nip it in the bud. The patients who smoke have a big program on learning how to quit smoking.

Dunning: Does Kaiser ever ask patients to leave?

Lisker: Yes. These are patients that are noncompliant. There are a lot of patients who smoke and smoke and smoke and die from smoking. They get cancer of the lung. But, usually there are some patients who are abusive to staff. I think it's mostly on that basis. It's the interpersonal relationship, but a physician may say, "I would prefer that you see somebody else," within the structure if they don't get along. Sometimes that happens.

Not everybody gets along with everybody. Sometimes that is done, and it's a mutual kind of thing between the patient and the physician. It usually has to be something really egregious before the patient is requested or told they can no longer be a Kaiser member. I think one has to be careful. Again, you might not even know what's going on in the patient's head or what the stresses are. If they are continually abusive and abrasive and noncompliant in terms of not keeping their appointments, and then making a lot of noise because they have to wait another month. There are some patients who are really just—the "You didn't cure me" kind of thing that will talk with a physician. It's not possible to cure everybody. That's not the idea.

Dunning: Did you ever become friends with any of your patients or patients that you met?

Lisker: [pause] I don't think I did. I can remember when the old co-op was down on Telegraph Avenue in Berkeley where we shopped at Telegraph and Ashby. I was going through the line one day and the gentleman ahead of me was stopped, and he was staring at me and he said, "I'll never forget you." I must have been a student nurse at the time. He said, "You made me get out of bed and walk after I'd had an appendectomy." I said, "Well, you're here, aren't you?"

Dunning: Probably a lot of people recognized you around town.

Lisker: "Don't I know you." [laughter]

Dunning: What was the relationship between the nurses and the medical social workers? Did you work together as part of the same team?

Lisker: Yes, yes. We did. Actually, they were wonderful because they would help with the discharge planning so that the patient could go home and be safe at home. While we helped with whatever the patient needed to know in terms of the patient's illness, they helped with the social kinds of things—there's somebody in the house, the transportation of the patient, how they'd best be sure they came back again. We did all of that and made return appointments for patients, but again they were very helpful. It was this kind of a relationship. It wasn't adversarial. It wasn't, "You're taking part of my job." I don't ever remember—we were glad—

Dunning: You were happy someone was competent.

Lisker: —someone was there to do that.

Dunning: Was there a large social worker staff?

Lisker: Initially, maybe one or two, but then as we got bigger, we got more staff. That was part of it. They were very, very helpful to the nursing staff.

Dunning: Do you think there was a team spirit at Kaiser? I guess the other part of that question is: were there periods when the morale was particularly high or low?

Lisker: There were periods, particularly when we were going through some stressful labor negotiations, that was always difficult.

Dunning: The seventies?

Lisker: The seventies, then again in the eighties. You just totally could not discuss what was going on with either the staff or anybody else: how negotiations were going. It was a difficult time, particularly when the staff went on strike, and they were out picketing the front of the hospital. That was always difficult because you were trying to build bridges when you came back. There was a lot of division between administration and the nursing staff even though they knew that basically the administrative team did not have much input into what went on in negotiations and labor relations: how much monies the staff would get, how much monies were available for the staff. That was all negotiated and discussed at a much higher level than the administration of any one of the Kaiser facilities.

I was on the negotiating team for, I think, two or three negotiations. There were some nursing administrators who were on the team, including Dolores Jones. I felt that our primary goal was to educate the labor relations staff about the work of the nursing staff. That they were not enemies and that they needed to be treated with respect and as professionals. We had a major goal, to be very frank and honest. While we understood the finances that were involved, we also felt very strongly that the nurses should not be denigrated because they wanted more money even under the guise of saying better patient care. It was an economic issue, and one that created some divisions with the labor relations department. They had a very negative view of nurses, and we really wanted to be sure that they understood that the nurses basically were professionals who were giving good care to our patients, and who should be treated as such.

Dunning: Who was the labor relations department?

Lisker: We had a labor relations department at 1950 with the regional labor relations department. Ken Dale was the—at that time—the chief of labor relations or the director of labor relations. We had a personnel person in the facility also who was part of the labor relations staff, but he was the personnel director. He was not involved in negotiations ever. It was always from the regional office that that team came. Then there were specific nurse administrators who also sat on that team. One of our own Kaiser graduates who was a director of outpatient nursing—her name was Linda Taylor—became a member of the labor relations team in Oakland at 1950 Franklin. Linda was a positive influence in terms of discussing nursing staff with the labor relations people downtown. We felt that also helped. I don't know what it is about labor relations people. Then we were dealing with the union on the other side of the table.

Dunning: Sounds pretty complicated.

Lisker: It was complicated.

Dunning: From everything I've heard so far from you, it seems like that era was really one of the most challenging for you.

Lisker: The most challenging for me was being nursing administrator—in a different way from being a nursing educator and an associate dean. I felt I had the best of both worlds. I had the wonderful opportunity to be a teacher, and again, the wonderful opportunity to be a nursing administrator so I could bring all of that information together to provide the very best staff that I could to take care of our patients. I was glad I was able to do that because I think I did. I know I left a good department when I retired in 1991. I know that.

Dunning: That's something to be proud of. You have a whole sheet of other—of notes that you have about the nineties, but I think we should save that for the next meeting.

Lisker: That would be fine.

Dunning: Then, we'll start out fresh at the next meeting. Is there anything else you'd like to add today?

Lisker: You were asking me last time about what it was that was really fulfilling for me in terms of my life, my role as a nurse. Basically, I was thinking about it after you left, and I thought—the thing that I think that I cherish most is the fact that I could influence not just the education of young people, but also that I could have an impact on the staff that I worked with as an administrator, that I could change things maybe in a better way for them and for our patients. I think that was the most fulfilling. I really look back on that as just—I think that's probably it. As an administrator, I could have more influence than if I were just a staff nurse because I could impact the staff, hopefully, in a very positive way so that our patients got better care. That is the bottom line.

[Interview 8: May 17, 2002] [Tape 15, Side A]

Dunning: Good morning. We have a number of topics today, beginning with your work in the early 1990s, your retirement, and then your very active post-retirement years in two areas: nursing education and the Heritage Committee. I'd like to begin with your work at Kaiser. To begin with, will you tell me about your final years as a nursing administrator at Kaiser?

Lisker: I'd be delighted. My final years—I guess I will probably talk about the late eighties, early nineties. What had happened at that point was we had now in place a very excellent ongoing in-service education program for the nursing staff so they could be educated and get experience in the various clinical divisions such as medical, surgical—particularly for new graduates. They could go into the specialty areas after they'd had some hands-on experience with normal pediatric patients. They could go into the critical pediatric unit. They could go into the critical neonatal unit. We had a course in operating room nursing. We had the coronary care course. We had the intensive care course. We had a course for emergency nursing for staff.

As that was happening, we were beginning to stabilize our staffing so that our vacancy rate went down. We had many social affairs for the staff to let them know that we valued them in a great sense. They were giving excellent care to patients. Our joint commission on hospital accreditation visits had all gone very well. We had a good relationship with physicians. We still continue to work closely with the schools in the area. For example, students from Merritt College of Nursing and Merritt Hospital College of Nursing, students from—I think Hayward State, also—affiliated at the hospital so we did have a student presence. We had a mentoring program between our excellent RN staff and our new staff. They would mentor the new graduates, help them get oriented to Kaiser and the Kaiser system. I felt that when I retired this was what was in place.

Dunning: Was the mentoring program formal?

Lisker: Yes, because we had some staff who really liked working with new graduates. We wanted to really use them in that sense because there was a great feeling among staff that they're so busy taking care of their patients and doing their assignments that having some new individual who was new to nursing working with them really interfered with what they wanted to do. I've often made the statement that at times we ate our young. I didn't want that to continue. We would lose new graduates because of the intensity of the work that they had not been used to as young students. It was really important to us that we did have staff in place who welcomed new staff and could sort of be a mentor to them. The other thing that happened was that we had a program in place that would—we did have a mentoring program so we could also work with those staff nurses. I think—if I'm not mistaken—that they got an extra maybe 5 percent in salary.

Dunning: You worked with them to train them to be a mentor?

Lisker: Yes. I think they also did get some reimbursement because it is taxing, and new students, new grads ask a lot of questions because they're unsure. They want to tie things together theoretically and clinically. It was to our advantage to have this in place because that was another factor that kept new graduates in our employ.

Dunning: They didn't feel lost in the same way.

Lisker: No. They didn't, and they didn't feel that they were overwhelmed. If they were, they had somebody to whom they could go which was very, very important.

Dunning: Was it a one-on-one relation?

Lisker: Yes, yes.

Dunning: A staff nurse only had one student, or recent grad would be more correct.

Lisker: Yes. Initially when we started the program, we had faculty that we hired specifically to work with the new graduates to, again, help them with that transition. That really began to show up in terms of our statistics as far as keeping our staff, filling our vacancies. Also, they were getting a good education at full salary. We had the advantage then of working with them to keep them, which we wanted to do obviously.

Dunning: Was this the first time you saw the vacancy rate go down, because I know it was a major problem?

Lisker: It was a major problem in the seventies and the early eighties. It took a good ten years, and even at that point we still had a number of vacancies.

The other thing that happened also was that, I think I may have mentioned this earlier—there were a lot of staff who were commuting from Vallejo and Richmond, Walnut Creek. When vacancies opened up in those Kaiser facilities, then the staff moved out. We had to have a constant reinvigoration of new people. We had the system in place to help do that so that I felt very good when I retired. Really, I really did. Then, of course, the nineties everything changed.

Dunning: Right. Will you talk about what the climate was at Kaiser in the early nineties? Was there anything that stands out in your mind?

Lisker: Mostly, it was that things are really improving. About thirteen hundred people came to my retirement. I got lots of lovely notes from people. I'm sure it wasn't just because I was—maybe it was because I was retiring, getting out of their hair. [laughter] I think it was also in appreciation of the changes that had occurred because I had also increased the supervisory staff. That also helped with maintaining a stable workforce.

We've always been in the position of being a debtor state as far as having adequate numbers of RNs to care for the population of California. Even though the Bay Area is a very desirable place in which to work, it's also an expensive place in which to live. If people could live out in the suburbs and live more cheaply, they were going to do that

based on the salaries that they had and the other responsibilities, you know with children and families and what have you.

For my personal belief, I think that there was a quantitative difference in terms of the quality of care—our patients always got good care, but I think it improved over the years because the assignments decreased, the numbers of patients decreased somewhat. They had more supportive staff. We hired LVNs. We had programs for LVNs as well as nursing assistants. We basically evolved into a team relationship with those individuals and taught our RN staff some leadership principles and communication skills so that they could work compatibly together. It couldn't be a put-down because somebody "didn't have an RN," or was "just an assistant." It was we're all human beings. We're working together to give patients better care, and this is how we do it.

Dunning: How was that taught to the nurses?

Lisker: We had some sessions in communication skills, which was obvious. We had some one-on-ones with staff. The supervisors or managers would work with their staff that they knew had communication problems. Sometimes we just said to them, "Maybe you need to work someplace else."

Dunning: To the staff nurse?

Lisker: To the staff nurse, if they were creating such difficulties. There were some. People are people, and some get along with others better than some. Those kinds of issues came up on a fairly regular basis, but again when the supervisors and managers met with the staff in their staff meetings, they would talk about issues related to patient issues and patient problems, patient complaints, and good things. They shared all of the good stuff that came in that patients thanked them for the care they'd gotten. Those kinds of things we wanted to circulate to be sure the staff got the feedback about the compliments as well as the complaints. We had to balance them also. That improved also.

Making rounds, being visible in the clinical divisions on all shifts was really very important from my point of view.

Dunning: For you?

Lisker: For me.

Dunning: You would make the rounds and be visible.

Lisker: I'd make rounds. I'd talk to the staff. That got more difficult and more difficult because it seemed like we were in meetings all the time. You really had to plan to be sure you got out and made rounds.

Dunning: I've asked you this almost every decade we've discussed. What was your reputation?

Lisker: I think it was—[pause]

Dunning: We mentioned the no-nonsense. I suggested that last time and you agreed.

Lisker: Yes, absolutely. Basically, I felt very, very strongly that we were giving good quality care to our patients. That we needed to be vigilant in that care. That we absolutely needed to know that our staff was providing safe care for our patients. I had my—what is the word I want to use—I guess I want to say principles, but it's not that. I knew what I wanted our patients to get. I was upfront with staff and managers that I felt were not in total compliance and where I was coming from. I had standards for care, and I wanted to be sure that they understood what those standards of care were. I felt very strongly that our patients were paying a lot of money or our members were paying a lot of money out of their pockets on a monthly basis or whether their employers were paying for their health plan. We had to be conservative in terms of equipment and supplies and time. Time was always money. I felt very strongly that we had to reduce the number of travelers—the nurses coming from other areas, who would come for a very short time and then be gone. That we really had to find a way to use our money in a better way than that.

Dunning: Could you elaborate a little about what you mean by the time, conservative in time?

Lisker: If we had staff who were constantly working overtime, that was costing us a lot of money. We had to be sure that they were working eight hours a day, and that we had to reduce the amount of overtime and how did we do that. What was the best way? We were spending the money anyway, so let's use it to increase the staff if we're constantly having a lot of overtime. You've got to look at that.

You've got to look at the waste as far as equipment and supplies are concerned—being sure that we were conservative and careful and not overstocked on the units. I worked with the central supply department and unit management to try to get a sense of what we really needed in terms of supplies on every clinical division so that we were not overstocking. That's also money. Dropping equipment on the floor, it couldn't be used. It had to be discarded. Again, how staff managed that. Sometimes it was unavoidable because if staff got into an emergency situation in the clinical unit, for example, if a patient coded. Time is of the essence. You are going to get everything to the patient as quickly as you can and get the physicians and nurses in place to take care of the patient. Sometimes if supplies are wasted in that kind of a—

Dunning: That's an exception.

Lisker: Absolutely, absolutely. But ordinarily, being sure we were putting the right amount of linen that was needed in the patient's room and not an oversupply because then that could not be used for another patient. This is the kind of thing I'm talking about.

Dunning: You had to oversee so many different areas.

Lisker: Yes. Well, I worked closely with the unit manager. I worked with him very closely—the same with the pharmacy. You wanted to be sure that the drugs were not outdated

on the floor. Obviously you had to watch carefully for the outdates to be sure that those medications—to be sure you didn't have too many of them, and if you did, why. Again, checking to be sure that the drug supplies on the floor were not outdated. That again was a waste. They would have to be discarded. Let me think what else.

Dunning: You had to communicate and oversee the unit manager. You had to communicate with the pharmacy and central supply.

Lisker: They reported to another assistant administrator. They were not direct reports to me, but I worked with them very closely because of the connection, the patient care. It was all in a group to giving patients safe care, being sure we had the supplies on hand when we needed them in the quantities that we needed them and not overstocked.

Dunning: Who was your assistant at the time?

Lisker: I had three assistant directors. That was Maureen O'Brien, Ginny Macioce.

Dunning: Ginny?

Lisker: Ginny. M-A-C-I-O-C-E. Sue Muscarella. We had a person who was in charge of nursing quality. I can't remember her name. We had secretarial staff and staffing people who would staff the units and work with the department managers. There were supervisors in charge of each clinical division and then assistant directors who had responsibility for two or three or four departments. That included the emergency room.

Dunning: You had a lot to keep track of.

Lisker: Tell me. [laughter] It was busy.

Dunning: Were you still working more than ten hours a day because there were periods—?

Lisker: On an average day, it was going in at eight and coming home at seven. That was about the average, sometimes later, and then I'd go in on the off shifts probably once a month to check with the staff. I'd usually walk out through the emergency department every evening to see how things were going there—to keep an eye on things and spend a few minutes seeing how the patients were being cared for.

Dunning: Now, do you think the concerns and the issues for the nursing staff at this time were any different than in the eighties?

Lisker: In the eighties, I think we had more vacancies. It was very, very difficult to get a handle on the number of vacancies. Because we basically used a lot of new graduates every year, we would hope that we would bring in twenty or more. We usually did, but then they were spread over the hospital because there was always somebody leaving. Hopefully, what you'd do was keep more than left so we could begin incrementally to increase the regular staff and cut down on the amount of "registry staff." We always used registry, always.

Dunning: That's just a necessity probably with every hospital.

Lisker: Yes. It's the same all over the Bay Area.

Dunning: Did you find that your career there spanned almost five decades. Were there other nurses who stayed as long as you did?

Lisker: I don't think so. I don't think so. [laughter] I really don't think so. I think there was a Mrs. Werner who was staff nurse on the Ortho unit. She may have been there for thirty years or thirty-five. There was a graduate of the school, Carla Newkirk, who worked on the night shift, and she must have spent a good thirty years there too, so there were some staff. There was one new graduate, but she didn't work at Kaiser Oakland. She worked at San Francisco. She started in San Francisco as a new graduate in 1950, and she only retired a couple of years ago. She is still doing some relief nursing over there.

Dunning: Oh boy.

Lisker: Yes. Her name is Doris Facey Lovrin. L-O-V-R-I-N. She was a graduate of the class of 1950.

Dunning: Even before you. First class?

Lisker: Yes, first class. She spent all of her time at the patient's bedside. She was not doing any supervisory staff work. She was a staff nurse giving patient care.

Dunning: She sounds like a good person.

Lisker: She is a very good person, and she worked on the night shift.

Dunning: We just talked about your career spanning so many decades. What were some of the most significant changes that you saw in the field of nursing?

Lisker: Oh my goodness. I'm looking back and thinking about the changes that occur because there's technological changes, tremendous changes. We had hand-crank beds. Now, of course, electric beds that go in all directions. We have alternating mattresses to help prevent the formation of decupiti (bed sores) on patients so they relieve pressure on the body of a patient in varying parts if a patient is not able to move around very well.

We have seen just the reduction in the length of stay of the patient in the hospital. Even back then, I was just thinking the average patient stay might have been five to six days. Now it's two to three or even less. I still feel that patients who have a C-section, for example, should be able to stay in the hospital for five days because it's really major abdominal surgery. Coping with a new baby and all the hormonal changes that occur as well as having major surgeries is really for women, I think, pretty traumatic. Fortunately, there are more women going into medicine now so maybe they'll be a little more empathetic than the men. Again, that was a major change. Here we had almost 100 percent male MDs, and now look at the proportion—like 50/50.

I think that women bring a certain sensitivity to—whether it's medicine or nursing in terms of just the human interaction. I know that physicians have to sort of not get too emotionally involved because they're basically telling patients about dying or having a frightful disease or getting better, but I think that there's a quality that women bring—which I also saw with nurse practitioners. Patient input about the nurse practitioners has always been—even though the perception is that they may not spend a lot of time with patients. The perception is that they listen. They answer the patients. They may spend exactly the same time as a male physician, but the nurse practitioners—the perception of patients anyway—is that they answer all their questions, and they spend time and they listen. It's a major difference.

The technological changes and the impact on nursing has been just tremendous because you had to provide the theory along with the practice to assure that they were using the equipment appropriately in the care of patients—measuring arterial flow, all of the things that we never did way back. I was thinking of all of the throw-aways unfortunately that we're using with syringes and needles. I can remember when we basically sharpened our own needles on little whet stones to keep them sharp and sterilized them in sterilizers, when we melted a tablet of morphine over a Bunsen burner and poured some water into it and then poured that into a syringe and gave it to a patient. Here now you just pull it out of a vial and inject it.

Dunning: You were talking about all the changes in technology.

Lisker: That had a big, big impact on being sure that the nurses were also educated in the use of the technology when it related to the patients. You'd go into the critical care unit, and it's tubes and lines, various kinds of machines surrounding patients. Then the computerization—my goodness, how could I forget that. We had to educate all of the nurses in the use of computers. Nurses did not—they're beginning now, obviously. Young people all know how to use computers. Just accepting change and implementing change are two different things. You have to try to get them both. You have some people for whom the change is just too much, and it's too disruptive for them and they can't function. We had a difficult time when we went to computerization in our admitting department because they wanted to maintain the old system along with the new so that they would depend on one in case they made an error. That was difficult to stop and to be sure that the admitting clerks were comfortable with using the computer system and not having two systems. We didn't want two systems. That kind of change was difficult.

Dunning: Was the training right within the work day?

Lisker: Yes. We got extra staff to help with that, but then there was a time limit on the extra staff that would come in—the people from the computer department or whatever it was. We had somebody on site who would also work with the staff. That was not an easy transition for people who had never ever worked with computers because we put computers in the clinical divisions and, of course, also that the place had to be wired. It's an old building. It really became expensive. It was an expensive endeavor.

[Tape 15, Side B]

Dunning: Did some nurses leave over the computer issue—some of the older nurses?

Lisker: No, not really. It was just very, very difficult for them. It was a process of just working it through and giving them the support they needed, but it took time and it took longer than was anticipated also because I didn't quite understand the constraints on us. I was pretty adamant actually with the computer people that we needed to have the help as long as we needed to have it, but they were taking their instructions from another boss who would say, "Well, Clair, we're withdrawing." I'm saying, "Then that's not going to help us. Remember it's a twenty-four-hour, seven-day operation. We have staff in all clinical divisions, and they have to know how to be able to use this." It did become an issue in terms of continuing the support. [tape interruption]

Dunning: Okay, we had a brief interruption, in which I had to move my car, but we're back.

Lisker: We don't want you to get a ticket.

Dunning: No, I appreciate that.

Lisker: Now where was I? I was talking about the need for the support services for computerization. I always felt I never had enough resources from that department to really provide this kind of help we needed for the nursing staff which was a twenty-four-hour, seven-day-a-week operation. I probably made myself fairly obnoxious at times so that I was sure that I was getting the kind of time that I needed to be sure that the staff were able to operate the computers appropriately. I think that's eased up. Of course, I have no indication of what happened over the last ten years, but at least when I left, things were beginning to be in place in 1991. It still was a difficult transition to get all the staff in place that could use the computers appropriately.

Dunning: Can you tell me how the computer was used? What sort of things did the nurses use it for?

Lisker: For sending orders to the lab or the pharmacy. What else was it used for? Mostly getting information from other departments like reports of x-rays that we would need on the clinical unit in a timely fashion. I'm not sure if we had anything on dietary. We may have had some stuff. The admitting department would notify us of patients who were coming to be admitted so you got that information.

Dunning: You didn't have to write your notes, your charts?

Lisker: Yes, they were still writing notes when I left. I'm not sure whether that has been computerized or not. I haven't kept up with that, but I think that would be part and parcel of it, of how to computerize nurses' notes, and physicians, also, can dictate or write. I'm not sure whether it's totally computerized, but it's certainly very much better than it used to be. You can track patients in terms of the care they've received and the documentation is there.

Dunning: You had to go through all the computer training as well.

Lisker: Yes, yes. Some of it didn't take with me. [laughter] I was one of those resistant types. So then, let's see. I retired finally in March 1991—March 1 of 1991. Dolores Jones, who was then the regional nursing director at 1950 Franklin, and who had been one of my students, asked me if I would work with her and with Dr. Lois Welsches on providing some continuing education for our staff. This was primarily related to working to get them a baccalaureate degree. Actually we worked with Bob Bowdine, who was the director of our audiovisual department at 1950 Franklin and his staff to provide us with the hardware and software, I guess, to put the show on the road. We affiliated initially after many, many meetings with Holy Names College in Oakland to provide a baccalaureate for our staff in Northern California through—I guess we call it the distance-learning program. Then we hired adjunct faculty in the clinical—let me back up a bit.

Dunning: Can you clarify—you were officially retired?

Lisker: I was officially retired.

Dunning: But you were rehired.

Lisker: I was rehired as a consultant.

Dunning: Cool.

Lisker: My title changed.

Dunning: Soon?

Lisker: Yes, I guess within a few months.

Dunning: Would it be too terrible for you if I just asked you a couple of pre-retirement questions before we went into this story?

Lisker: No, no.

Dunning: One is: what factors contributed to your decision to retire?

Lisker: Number one I was going to be sixty-five. Number two, Fred said, "I need you at home." Because he is basically home alone, that was part of it. I think I felt at that point it was time to hang it up. I'm at it long enough at that point. I was there fifteen years as nursing administrator or as an assistant.

Dunning: So it wasn't a sudden decision.

Lisker: Oh, no. Actually, I had told Tom [Tom DiMartino], my boss. I'd said, "You need to be thinking because I'm going to be retiring." He said, "Oh, no, you're not." I said, "Yes, I am. I'm going to be retiring probably next year." I wanted to give him a lot of lead

time. He was a wonderful administrator. He was fabulous. At the time also, I had three very good assistants who knew the ropes. We had stabilized the staffing more or less.

Dunning: These are the women you just mentioned.

Lisker: Yes. There was another person, Linda Jensen, was also one of the assistants. I thought at that point these are good women, and we had a male supervisor on one of the floors. They weren't all women. It's time already. I felt it.

Dunning: You knew it was the right decision.

Lisker: Absolutely, absolutely. It took me a while because I said, "What am I going to do all day? I'm going to go crazy." There's so much time I could spend with the grandchildren. There's so much time I could spend out in the garden, with knitting, with sewing, with reading, with cooking. What am I going to do? I'm just not the going-out-to-lunch-every-afternoon type. That doesn't really turn me on at all. Shopping—forget it. I'm not going to wander around the stores and the malls. That's not my thing.

I thought, well—Dolores said to me, "I'd love to have you as a consultant." I said, "Right on." There I go. Because at that point I said, "What are the restrictions? We're planning on going on vacation. We're planning on traveling." At that point, basically it was, "Well, it's an hourly salary or whatever they call it—per diem—and you can do what you want." I said, "Great. I'll let you know when we're going away so you don't have to worry, and this is our schedule for the year."

Dunning: You retired March 1, 1991, and when did you start in the consulting?

Lisker: Probably in the fall. A few hours here and there, I scheduled a few hours a week. That worked just beautifully because then we could take off for Hawaii or fly to London or do whatever we wanted. It was on my time, and it was just absolutely—it was a wonderful transition actually, is what it was. I worked with Lois, and she was a super lady. Bob was very helpful, and all the people in the A/V—

Dunning: Bob?

Lisker: Bob Bowdine. It was just absolutely wonderful. Then I would see Dolores. I was also on a scholarship committee as a volunteer for the regional nursing, so I was on that committee for a few years, which I enjoyed. Then, I was also on the advisory committee for Merritt Hospital College of Nursing. The one that's down on Summit as well as on the advisory committee for Merritt Community College.

Dunning: You were busy.

Lisker: These things were picking up, and then I decided I was also going to become more skillful in sewing. I started sewing classes at Berkeley Adult School down on University. I've been doing that every since actually because there's a little group of us that—a bunch of old ladies.

Dunning: Had you sewed before?

Lisker: Yes, I used to make Susie's dresses. I'd love that, and I'd do some smocking. I went back to doing that and making things for the grandchildren, so that's been very nice.

Dunning: Did Fred feel like he had enough time with you?

Lisker: Yes. Well, he goes on his walk every Thursday over in the city, so that worked out. I'm busy. I keep going.

Dunning: You seem to be.

Lisker: I think it keeps my brain working to start off with which I need to do.

Dunning: You left Kaiser, but you really didn't because you seem so Kaiserized.

Lisker: I am Kaiserized, whatever that means. Basically, it was my life. Our children were born at Kaiser. We've been Kaiser members all our lives. They really were fabulous when I came as a student from Ireland when I was a student nurse. Everybody I worked with I enjoyed working with for the most part. There were always one or two out there, but generally speaking, I've had a very fulfilled life in all ways—family and work. There are not too many people who can say that, I don't think. I really enjoyed what I did at home and at work.

I often thought, who would want to keep coming to work every day saying, "I hate this job." I never did. I was wishing at times that I could bottle some of it to take the good parts out, but overall it has been tremendously rewarding job and experience. Jim Vohs, who was the CEO, spoke at my retirement.

Dunning: Could you tell me about your—we talked about it. I think it was when the tape was off—your big retirement party.

Lisker: That was a great party. It was on the twelfth floor at the hospital. The other thing was that I had parties with the administrative team, parties with the nursing staff, parties with various department managers—they'd take me out to lunch. There was a lot of stuff that was going on for at least three months before I left. It was a wonderful send-off for me. It was very nice.

Dunning: Not everybody gets that or do they feel good about it.

Lisker: It was just wonderful. There were a lot of—all the administrators, Tom DiMartino, Joel Mulroy—Joel, who was then downtown, came and talked—Jim Vohs from corporate headquarters, Dr. Bruce Sams, who headed up the medical group, came. It was just wonderful.

Dunning: Did it go on for hours?

Lisker: It sort of did, and then hauling out all the gifts and flowers. Then I came home and was just exhausted really—emotionally. One of my old roommates—we lived together when I graduated way back in the fifties—she lived in Reno. She and her husband came down, and they wanted to take us out to dinner. I said, "Shirley, I can't. I just can't do it." I see Shirley every year. We go to Carmel and have a weekend together. It was just fabulous, and then being on the various committees and working with Lois and developing the program. Did you have other questions that you wanted there before I go on that tangent?

Dunning: After you tell me about your retirement, will you talk about your involvement in the proposal for a new Kaiser school of nursing?

Lisker: I want first of all to talk about what went on with the educational programs.

Dunning: Perfect.

Lisker: I worked with Lois, and we basically—we graduated a hundred RNs from the baccalaureate program at Holy Names. It took them about two and a half or three years for them to get through. I think a hundred and seven signed up and a hundred graduated. It was fabulous. They received a baccalaureate and a public health nursing certificate. They had the option then of going into community health or home health at Kaiser. We had a very large number of patients who are cared for in the home. These nurses make rounds and visit those patients and take care of them. That was really very helpful for us also. Then on the other side with Sonoma State University, we had a master's program in nursing administration.

Dunning: The understanding was the students would go to Kaiser afterwards?

Lisker: No, no. The students who were in the programs were employees of Kaiser. What we did was we plugged into the hospitals, and we had the faculty—the lead teacher would be at 1950 Franklin on TV.

Dunning: The long-distance learning.

Lisker: It was beamed into seven Kaiser facilities in Northern California where we had enrollees in the program. They had registered at the college, but we taught classes through interactive television. It was very, very successful. We graduated—I'm not sure how many students in the master's program. They already had their bachelor's from someplace else.

Dunning: Would it all be with the TV?

Lisker: It was all television, but when we did have to connect the students with the teacher, we had an adjunct faculty person at every Kaiser facility. The Kaiser graduates, the Kaiser employees didn't have to travel. From where they were employed, they could get the classes. That was really very, very helpful. We're still doing that, but not the master's program. Now it's a California program. It's not Northern California. It's Southern

California and Northern California. I'm not quite sure how many students are enrolled at the moment. I haven't kept up with it.

Dunning: Do you think that program has been a draw for nurses? For coming to Kaiser, they know they can work on their master's or bachelor's.

Lisker: Oh, absolutely. It's open now to all nurses in California, not just Kaiser employees. Kaiser employees get precedence obviously, but it's open to everybody, which is great. So, of course. Kaiser needs nurses. We're never going to have enough. We keep on expanding. We're the most successful program in the whole United States really for prepaid health. We're a nonprofit organization. We spend very little amount of our capital on administration. I think about less than 5 percent if I'm not mistaken. We're a billion-dollar endeavor.

Kaiser actually has supported nursing programs. I think they provided about half a million dollars last year for scholarships and for grants for nursing students. We've had a nursing anaesthetist program through Merritt College of Nursing, and I think we have one is Southern California also. Kaiser basically has provided a lot of assistance to students. We have a program at Los Medanos College in Pittsburg.

They have a program where they have a training program for LVNs. Kaiser's subsidizing that program. That's in conjunction with Kaiser facilities in Martinez. Then there was from an LVN to RN program. Kaiser has been involved in education programs for a long, long time. They're just doing it right now on a different level.

To talk about some of the other issues that have gone on. There was a possibility or there was discussion about opening another Kaiser Foundation School of Nursing. That happened about a year, year and a half ago. Marilyn Chow, who is now the vice president in charge of nursing for Northern California. Her title maybe not quite that. It may be broader than that. She had somebody call me—I didn't talk with Marilyn—to see if I'd meet with Dr. Gilles, the dean of the Yale University School of Nursing, to talk about our program and what it was like. I met for two hours with Dean Gilles and talked with her about Kaiser Foundation School of Nursing and what we had hoped we could do, like transitioning from a three-year to a four-year program, which unfortunately didn't occur back in the seventies—early seventies.

I did talk with her about our academic excellence, talked about our ratings in the state. We were always in the top third of the students academically who graduated. The students never had any difficulty getting employment. People wanted Kaiser School of Nursing graduates. The faculty, on how well-educated they were and good people—good instructors, good teachers. The diversity of our student body. I talked about all of those issues and how proud we were of the school. I've also talked with the alumni because we meet on an annual basis. We had a luncheon in April.

Dunning: Just a couple of weeks ago.

Lisker: Yes. We had ninety alumni at that meeting so we talked about the possibility that a school may open again. The alumni are very interested and would be willing and able

to help in any way we could if that is going to occur. That's more or less what's happened.

Dunning: How do you feel about it? Are you optimistic?

Lisker: I would love to see another Kaiser School of Nursing—as a basic program. My provision is that it become a four-year program, that it not be a two-year program so that we can provide the students with the education they need to function in this decade. They have to have the possibility and capability of going on. They can do it more easily, academically and clinically. With the way patient care is changing, we need them. We need people who can think critically. We need them with the information they need to care for our patients in varying settings—in the outpatient department, the oncology clinics, the orthopedic departments.

You talk about diabetes. We need them to teach patients how to take care of themselves, to provide the classes for those patients. We need them to follow patients in the home because there are more patients being cared for in their homes as well as needing them in the hospitals, which are now really—from my perspective—it's a total critical care unit. Patients spend so little time, but then we need to be sure we're giving the information to patients over the long haul that they know how to take care of themselves, and not forgetting that one of our major strengths is patient education and disease prevention. You need nurses to work with physicians to do that.

Dunning: Do you think a school of nursing is needed? Is there a need for more nursing schools in the state?

Lisker: We never graduate enough nurses to take care of our population. We just have never done it. We do need it. Having one baccalaureate program in the East Bay—no, we've got two. We have Hayward State—

Dunning: Hayward and Merritt?

Lisker: Hayward and Merritt. That's it. This is nonsense, just total nonsense. I think we could affiliate with one of the four-year degree-granting institutions and not have it too expensive for students. We might even subsidize their education like we did in World War II, and then have them pay back in kind. They can pay off if they didn't want to work at Kaiser. If they did, they would work at Kaiser to pay off the tuition. That has been done before. We could do it again.

Dunning: I know you're talking about it. Are the administrators? Are they talking about it?

Lisker: I know the physicians are talking about it. There has been some discussion at that level. I will talk some more with the people who are involved and see if it's going to go. I know it would be a very expensive endeavor to start up a school again. That's always an issue, obviously.

Dunning: Do you get any kind of a feeling from Kaiser administration that this is a direction that they would like to go in?

Lisker: The fact that they even brought it up initially I think says something. That's always positive, always positive. I think the hard reality is: where's the money going to come from? It's going to come from patients and from our members, obviously. Could it come from a grant or could it come from Kaiser Foundation? I have no idea, but that is something that should be investigated, I think, if they want to pursue it.

[Tape 16, Side A]

Dunning: We were talking about the proposal—is it in the proposal stage for a new nursing school?

Lisker: I don't know. All I know is that the proposal came from Dr. Gilles to Dr. Chow—Marilyn Chow. I don't know where it is at this point. I know that's being done. I'm going to make some inquiries. Actually, I did talk with one of the administrative assistants—I'm not quite sure what her title is—at 1950 Franklin, and she said she hadn't heard anything lately. I did call last week or week before because I needed some information for the alumni association meeting, which is coming up. I'll pursue that some more.

The other thing that's happened is that in October of last year or earlier actually, I got a letter from Dr. Lawrence asking if I would like to be a member of the Home Front Advisory Committee and Rosie the Riveter Committee, so I was delighted to be able to accept that.

Dunning: Will you tell me why Kaiser got involved, and why did they ask you to get involved? This is the Rosie the Riveter Association. Kaiser has a branch?

Lisker: It's the Home Front Advisory Committee, basically. The Kaiser Permanente Home Front Advisory Committee is the official title. What they did was they were honoring all the women who worked in the shipyards during World War II. That was a little bit before my time, like two years. I came in '47 to the United States.

We took a tour of the shipyards where Henry Kaiser built all those ships. I think from keel to water it was about four or five days. They were building one ship after another. It was a tremendously important job that was done during World War II. Absolutely, just fabulous. We visited the shipyards. I've heard stories all through the years. Dr. Cutting [Cecil Cutting] was one of the major persons involved, as was Dr. Garfield [Sydney Garfield], Mr. Henry Kaiser, Dr. Collen [Morris Collen]. They were all very important in the shipyards and providing care for the workers. We went, and we looked at the old shipyards. The city of Richmond is actually petitioning to have it designated a national park.

Dunning: That has happened. Oh, not the shipyards.

Lisker: Not the shipyards, the Rosie the Riveter space, but the shipyard space to make it a national park. George Miller is involved in that also, and Kaiser is supporting that.

Dunning: Okay, so you didn't independently decide to get involved with the Rosie the Riveter.

Lisker: No, no, no.

Dunning: And Steve Gilford, the historian, he's involved?

Lisker: Steve has been writing a lot of stuff about Kaiser. He has written that up. I don't know—are you getting any of what Steve's writing?

Dunning: No.

Lisker: It's just fabulous, what Steve has written. I'm not sure. I think he's going to put it in book form. He should. I keep on asking.

Dunning: Well, he's been the historian consultant for seventeen years.

Lisker: Yes, and he has a wealth of information. He's just a doll. He's a wonderful guy. I love him a lot. I think he should put it in book form. He has been writing on all of the major players in Kaiser for a long, long time. This is how I got involved with this.

There's an old clinic building out there that was used and hopefully it will be preserved. There's also the cafeteria where the men and women who were working in the shipyards—particularly those who came from the South and the blacks who came from the South—initially apparently would segregate themselves in the cafeteria. Then they'd be friends on the ship and working together, and then slowly but surely they all began to eat at the same tables. You had this transition that occurred.

Kaiser has really been at the forefront of diversity and being sure that we were all working together. At the hospital the same thing happened and there's no question about it. It's just that's the way it is. We take care of patients. We give them all the same treatment. It doesn't matter what their religion is, what their color is. It's a nice place to be—you've got another human being. They bleed red blood like you and I. Now what else?

Dunning: Do you have other responsibilities on the Home Front Advisory Committee? It seems like you've had the tour, but do you make an input?

Lisker: For the next couple of years, we're going to be meeting every six months. The other issue that's come up is: we need some Kaiser memorabilia in a museum. One of the things we are doing is—one of the persons who is working on this is Cornell Maier, and he's on the committee too. He used to be the CEO of Kaiser Aluminum. He may very well be on tape. He has just gotten a quarter of a million dollars from David Lawrence because they're going to have an exhibit of Kaiser in the Oakland Museum. We have to collect more money, so there's a fundraiser, obviously. Some people have donated Kaiser cars for the exhibit as well as—I'm hoping that—

Dunning: Is it the whole Kaiser?

Lisker: It's the whole Kaiser. Obviously we're a big center in terms of medical care so hopefully we'll have a lot of stuff down there also.

Dunning: Do you know when that exhibit is scheduled? They usually do it years ahead—start planning.

Lisker: It's going to be out there maybe four or five or six. I'm not quite sure.

Dunning: I didn't hear about that. That's great.

Lisker: That's brand new. So that's going on in the committee. We'll continue with our work on the Home Front Advisory Committee. We had an individual come and speak with us from Wells Fargo, which apparently has a real heritage program, so we're hoping that we can have a Kaiser heritage program as part of it. She was giving us some good ideas, but they spend a lot of money on it at Wells Fargo Horses and Carriage.

Dunning: There are quite a few stories. One of my major projects at UC Berkeley, I did a whole shipyard project. I have twenty volumes from the pre-World War II era and then the people who came from the South and Midwest.

Lisker: Does Steve know?

Dunning: I think I did mention it to him. They're available at The Bancroft Library.

Lisker: We can go up there and just sit and read.

Dunning: My offices will be doing more—they're affiliating with the new Rosie the Riveter Park so they're going to be doing a project interviewing more people.

Lisker: I hope. It's just reading the stuff—it's fascinating.

Dunning: There's quite a story there.

Lisker: Unbelievable. There is, there is.

Dunning: Well, it sounds like you've been very busy. [laughter]

Lisker: That's true, that's true.

Dunning: That's your middle name. Let's see. Anything else you'd like to add today?

Lisker: Have you asked all your questions?

Dunning: I have one, but I think you have kind of answered it. I wanted to ask you what the Kaiser staff looked like when you left? At times in the fifties, you described the nursing students as being predominantly white, young and single. What did the nursing staff look like when you left in 1991?

Lisker: Totally integrated on all clinical units. Asian, black, Indian—I guess that's Asian—white, you name it, they're all there. It's a United Nations basically, which is great because this is what America is made up of, at least on this side of the world. I hate

these ethnic pockets. It just drives me crazy because I think you hang on to too much baggage. You need to be able to talk to other people and know that they're just like you and I. I think we have an opportunity and we should spread it out around. It's fabulous.

Dunning: Okay, well. I think what we'll do is we're going to get your transcripts done and then we can look them over. My guess is you'll read them and say, "Why didn't I say this?" At that time, perhaps you can jot a few notes down and we can do another session or more if we need to.

Lisker: You have the opportunity and the time and money to do that.

Dunning: We do for you. I think that future nurses are going to get way shorter interviews, but this is good. You've spanned five decades so this makes a difference. This has given me a lot of good background information and ground work.

Lisker: I was thinking. I know that there are pockets that I should have talked about more. I should have talked about more of the faculty. I think that there were some pockets of omissions in the late seventies and eighties that I really need to think back on. I think when I read the transcript I think it will jog my memory some more. I really feel I should have spoken more about individual faculty members and their contribution to the school.

Dunning: We can even do a final interview or second to final one where you can profile some of the people.

Lisker: I really would like to do that, because I think there were some very wonderful people that we worked with that were on the staff at the hospital as well as the faculty that I really should put some names in.

Dunning: That would be fine. You have an opportunity to do this. We haven't had to go in any huge rush. The transcripts—I should be able to get them back to you, I would say within a month.

Lisker: Oh, fine. They can dribble in, and I can look at them. It doesn't have to be all together. Whatever is best for you will be fine. I've enjoyed talking to you, asking me the questions. What you've done is you've really made me jog my memory because there's a lot of it I'd forgotten.

Dunning: Well, you didn't seem to once I ask the question.

Lisker: Right, I just got right on it.

Dunning: You remembered a lot.

Lisker: I'm glad I have all my marbles still.

Dunning: It looks like you're going to be having them. Thank you very much, and I think we will be continuing. We'll at least do a wrap-up session where we can kind of bring some things together.

Lisker: Yes, I would like to do that.

Dunning: We'll plan on that.

Lisker: Thank you, Judith.

Dunning: Thank you.

INDEX—Clair Lisker

Alameda County Nurses Association 68
Alameda-Contra Costa Medical Association 71
American Nurses Association 68, 70, 151
Anderson, Barbara 84
Auvenshine, Martha 138

Barnes, Sylvia 160
Bayliss, Pat 145
Benson, Bea 34
Bertolucci, Isabelle 137
Board of Nurse Examiners 29
Board of Registered Nurses 28, 117, 141
Bolomey, Alfred 57
Bowdine, Bob 187
Butler, Lillian 28
Byers, Betty 106, 138

California Board of Nurse Examiners 53
California League for Nursing 68
California Medical Association 31
California Nurses Association 68–70, 80, 150–151
California State Department of Health 86
Cameron, Mary 28, 43
Campbell, Emily 137
Chester, Ally 101
Chow, Marilyn 191, 193
Civil Rights Movement 109
Collen, Morris 101, 193
Coppedge, Josephine 83, 85–86, 96–97, 102–104, 120, 137, 138
Cutting, Cecil 100–101, 193

Dale, Ken 177
Daniels, Dorothea 24–25, 28, 36–38, 41–43, 45, 55, 57–58, 61–62, 64, 70–71, 79, 83, 120
Debley, Tom 154
DiMartino, Tom 148–149, 164, 187, 189

Flagg, Veronica Knott 138
Forrester, Kate 89

Gammel, Gladys 37
Garfield, Sidney 53, 62, 100, 193
Gaston, Harper 153
Gavee, Jerry 169
Gilford, Steve 143, 194
Grant, Donald 57

Hannafin, Maryann 138
Harkins, James 101
Henning, Phyllis 138
Horie, Nancy 64

Jensen, Linda 188
Jernigan, Vivian 96
Johnson, Lyndon 122, 127–128, 154
Jones, Dolores Plake 124, 164, 177, 187
Jones, Harkin 117

Kaiser Foundation School of Nursing 79, 117
Kaiser Foundation School of Nursing Alumni Association 159
Kaiser, Henry 34, 61, 101, 120, 121, 193
Karger, Dorothy 39
Karnish, Gretchen Mueller 121, 139
Keene, Clifford 79, 120, 121, 122, 137
Kiersten, Gordon 85
King, Robert 101
Kirby, Harry 56–57, 99, 165
Klein, Bob 145
Kramer, Maxine 86
Kreiger, Ish 73
Kwong, Pansy 170

LaFound, Diane 20, 36, 39
Lambert, Roger 21
Lawrence, David 193, 194
Lewis, John L. 46, 122
Limone, Charlene 138
Lipscomb, Wendell 51, 62–63
Lisker, Clair, grandparents 1, 14
Lisker, Fred 73–76, 113–114, 115, 127, 144, 148, 153, 169, 187
Lisker, Susie 74–76, 113, 115, 153, 172–173
Lisker, Wes 73–74, 82, 113, 115, 127, 153, 171, 173
Longshore Union 33
Lovrin, Doris Facey 184
Lueck, Maxine 30, 34

Macioce, Ginny 183
MacLean, Marguerite 61, 79, 81, 83–84, 102, 104
Maier, Cornell 194
Maisiel, Val 36, 39
Mann, Alan 154

Maroney, Phyllis 133
McCarthy Era 51, 62
McCourt, Frank 13
McNamara, Robert 128, 154
McNee, Al 39
Medicare 123
Merritt College of Nursing 111
Miller, George 193
Mulroy, Joel 139, 148, 164, 189
Muscarella, Sue 183

NAACP (National Association for the Advancement of Colored People) 51, 63
National League of Nursing 117
Newkirk, Carla 184
Nixon, Richard 154
Nursing Cadet Corps 53

O'Brien, Maureen 183
O'Leary, Timothy 34–35
O'Sullivan, Martha 40
O'Sullivan, Nora McCreery 1, 3–7, 22, 41
O'Sullivan, Robert 1, 3–7
O'Sullivan, Tom 8, 40
Oakland Technical High School 111
Organization of Nurse Executives 68
Oyarzo, Laverne 71, 133, 136
Ozimeck, Dorothy 117–118

Permanente Field Hospital 53
Permanente Foundation Hospital 53

Raimondi, Phillip 57, 99
Ralston, Jack 38–39
Reagan, Ronald 126
Retired Physicians' Association 168
Ross, Elisabeth Kübler 89, 98
Ross, Helen 96–97, 102, 138
Rubinoff, Howard 170
Rudney, Bea 89
Russo, Paul 127

Sams, Bruce 189
Schoen, Ed 134
Sender, Joe 145, 166, 168
Smith, Betty 106, 137
Smith, Marian 39
Steinke, Mary Lou 71
Student Nurses Association 71

Taller, Steve 133, 134
Taylor, Linda 177
Traub, Joe 39

Veterans Administration 72
Vohs, Jim 189

Waldorf, Pappy 38
Wangen, Clara 28, 36
Welsches, Lois 156, 187, 190
Wheatley, Alva 120
Williams, Sue 89, 138
Wilson, Harold 47
Wilson, Pat 47
Wright, Helen 105–106

Judith Dunning

Judith Dunning is an oral historian with a specialty in community history. Among Dunning's projects are interviews with Italian immigrant women in Boston's North End, shipyard workers at the Charlestown Navy Yard in Boston, textile mill workers in Lowell, Massachusetts, Kaiser shipyard workers in Richmond, California, and cannery workers, fishermen, and whalers in the San Francisco Bay Area.

Dunning was writer and photographer for exhibits, *Lowell: A Community of Workers*; and *Fishermen by Trade: Fifty Years on San Francisco Bay.* The materials collected by Ms. Dunning are available in many public libraries throughout the United States and are used in interpretive exhibits in former textile mills, on a World War II ship converted to a museum, in traveling exhibits, dramatic productions, and adult literacy books.

Currently, Dunning is interviewing in the area of California agriculture.

BANC
MSS
2005/163c

U. C. BERKELEY LIBRARIES
C087700615